

THE BRITISH JOURNAL OF DELINQUENCY

Vol. III

April, 1953

No. 4

EDITORIAL

For some time to come one of the most urgent problems confronting magistrates, social agencies and psychiatrists, will be the classification of early delinquent disorders for the purpose of determining the value of institutional treatment.

The West Sussex Child Guidance Service adopted, under the stimulus of the late Dr. Friedlander, a hostel where children up to puberty were treated in a psychoanalytically orientated environment. Dr. Margaret Duncan shows in this issue what can be done in such a hostel for the rehabilitation of children who owing to the grave inadequacy of the homes from which they come cannot be treated in Outpatient Clinics. Her paper and the successes she reports show how cases of so-called 'primary anti-social conduct' which are still psychologically immature or unstructured can be dealt with successfully by the application of psychoanalytic principles; it proves that while the child is still plastic the underdeveloped ego and superego can be sufficiently modified to give the child the type of character and capacity for control which make for normal social conduct. It will be obvious to the reader that the role of the Warden is of paramount importance, as through him, and usually his wife and family, the children can experience those influences which normally make for a good parent relationship but which have been lacking during vital periods of their psychological development. In Dr. Duncan's clinic, she herself was able to act as an adviser behind the scenes as it were, leaving the Warden untrammelled in his efforts to create a desirable environment.

Two special problems however seem to arise, firstly in those cases which have already shown neurotic disturbances and secondly in those children who eventually have to return to a still unsatisfactory home. It is clear that in addition to such hostel treatment parallel social services must exist to ensure that the family, seemingly hopeless, should be able to provide an adequate home to which the child can return; otherwise those

who have been helped by the hostel will have to go to another hostel for another period of their life.

An interesting contrast to the hostel system described by Dr. Duncan is afforded by the set-up for adolescents at the Bethlem Royal Hospital, outlined in Dr. Warren's paper. The latter in-patient provision has both advantages and disadvantages. The advantages are clear enough, namely, that after a preliminary sifting, the children are submitted to those clinical diagnostic techniques which only a psychiatric hospital can provide; genetic, medical, social and psychopathological factors can be understood, and given their proper weight; the adolescent boy and girl can be kept for long periods of time during which the social worker can do what she can to advise the parents. The disadvantages lie in the somewhat rigid structure which hospitals cannot but adopt; the degree of permissiveness existing at the West Sussex Clinic must be considerably curtailed; and the peculiarities of the individual must in some degree be sacrificed to the needs of the Institution. Nevertheless, in the Bethlem Hospital, the causal factors can be clarified and it may well be that after such clarification the ultimate treatment of the boys and girls should be carried out in a non-hospital environment where disciplinary methods, though not wholly abandoned, can be modified to meet each particular type of problem. On the other hand hostels for the very young need to be more home-like than an institution for adolescents, which, by providing some of the conditions of ordinary social life, can act as a bridge to the existence the young adult will have to lead in the community at large.

* * *

Dr. Clouston and Mr. Lightfoot's findings, based on a small number of cases from Kent Juvenile Courts and Child Guidance Clinics, recall to our minds the, in many ways, similar results obtained by the Gluecks twenty years ago in their much larger study of 'One Thousand Juvenile Delinquents' passing through the Boston Juvenile Court and the Clinic of the Judge Baker Foundation. In both instances a positive, though not very considerable, correlation was established between the carrying out of the clinical recommendation and subsequent improvement in conduct. However, while in the Glueck study in only 21.5 per cent. of the cases in which full information was available were all the clinical recommendations fully carried out, in the present sample the corresponding figures are between 70 and 82 per cent. It is doubtful whether this difference is entirely due to the growing recognition among magistrates of the value of Child Guidance work or whether the standards applied in these two investigations may have been somewhat different. It has also to be borne in mind that,

whereas practically all cases brought before the Boston Juvenile Court were referred to the Clinic for examination, in the Kent cases this was done in only 10 per cent.—a figure which for this country may be regarded as fairly representative of conditions outside large centres of population. As the authors say, facilities are not available for any considerable increase, and, as already stressed some years ago by Dr. Peter Scott with regard to his London sample, more frequent referrals might be suggested mainly for certain types of cases, notably sex cases, cases 'needing care and protection' and cases 'beyond control'.

* * *

The implications of Mr. Hodges' article on the social and economic difficulties of holiday resorts extend far beyond the scope of the criminological problems involved, important as the latter certainly are. The all-round lack of balance in the life of such a community, with its inevitable destruction of healthy family and social life, raises issues far more serious than those specifically related to crime and delinquency. In spite of its superficial gaiety and prosperity, the picture is one of social disorganization. In the long run, few people will be able to endure without damage a seasonal cycle of four months of overwork alternating with unemployment for the rest of the year; and very few communities can remain healthy when exposed to the strain of excessive mobility of population of the kind described by Mr. Hodges. Some of his case histories may also be read in conjunction with recent criticisms of the operation of Public Assistance (see *The Times*, 29th January, 1953).

It is, generally speaking, not the task of the criminologist to produce blue-prints for large-scale social reforms, but, clearly, some of the points made in this article would seem to deserve careful study on the part of town planners and of experts on a number of problems of local and central government.

* * *

Owing to shortage of space in this number, the section "Abstracts and References" has been omitted, but future numbers will include this section.

The Forty-fifth Annual Conference of the National Probation and Parole Association will be held at:—

HOTEL STATLER, CLEVELAND, OHIO

from THURSDAY to SATURDAY, May 28th–30th, and June 2nd.

The programme includes papers from Sanford Bates (on "The Significance of Prison Riots"), Edmond Fitz-Gerald (on "A Critical Review of Probation Work"), Judge George Edwards (on "Meeting the Challenge of a Juvenile Code"). In addition to formal papers slated for presentation, the conference will include a panel discussion on staff supervision and an audience-participation meeting for the discussion of everyday phases of organization of probation work.

TREATMENT OF YOUTHS WITH BEHAVIOUR DISORDERS IN A PSYCHIATRIC HOSPITAL

By W. WARREN (LONDON)

In 1949 a Ward Unit of sixteen beds was formed at the Bethlem Royal Hospital for the psychiatric investigation and treatment of adolescent boys. A review of the case histories of the first sixty-six patients admitted there shows that thirty-three (50 per cent.) came in because of problems in their behaviour. This group, with conduct disorders predominant in the clinical picture, was not sharply delimited from the others who showed little or no disordered behaviour; there was a gradation between one extreme and the other. Patients of these age levels with any psychiatric disorders likely to benefit from the régime have been admitted; their clinical syndromes have been most heterogeneous, including sometimes organic conditions or psychotic developments; and in the majority a host of maladjustments, psycho-neurotic reactions or personality disorders, with or without most types of conduct disorder. Thus, the psychiatric picture shown by each boy and the problems of his treatment were always unique.

The group of thirty-three patients singled out because of their behaviour disorders included twelve who were admitted at the request of the Court under the terms of the Criminal Justice Act of 1948. Two were admitted at the request of the Home Office, one from prison and the other from an Approved School. The other nineteen, admitted at the request of their doctors, had in a few instances already appeared in Court, or subsequently were charged with some offence after discharge. A previous statistical investigation of children aged between five and fifteen under psychiatric treatment as out-patients because of behaviour disorders, had shown no significant differences of etiology and symptomatology as between those who had been charged in Court and those who had avoided this (Warren, W., 1951). Similarly, there appeared to be no clinical differences in etiology or symptomatology between Court and non-Court cases amongst the present group, although such small numbers do not allow statistical evaluation.

The Criminal Justice Act of 1948 directs that if a Court on medical evidence finds that the mental condition of an offender requires or may be susceptible to treatment, it may include in a Probation Order a requirement that the offender shall submit for such period not extending beyond 12 months to treatment with a view to the improvement of his mental condition. This may include in-patient treatment in a mental hospital as a Voluntary Patient. Norwood East (1950) in reference to this Act has stated 'that an expert (at trial) can do no more than carefully select the material for treatment in the light of past experience. He cannot be sure that a

particular offender will respond to treatment and he cannot foresee the accidental factors which may arise and neutralise his efforts'. It thus seems important to assess in practice how offenders may fare after admission as in-patients to a psychiatric hospital under the provisions of this Act; how they fit in with patients under treatment for other reasons; and whether their psychiatric problems are different from those of other patients or give rise to any special administrative or other difficulties.

These young patients with behaviour disorders to be described in this paper, whether admitted under the provisions of this Act or otherwise, are considered typical of the kind of offender visualised in the Act as needing in-patient treatment. Experience gained in their handling may be helpful to those who select the material for such treatment. They are, however, of adolescent age, so that their characteristic unstable behaviour or sometimes turbulent reactions give rise to special problems; thus, any findings may not be applicable to those of more mature age.

RÉGIME

The régime and treatment undertaken in the unit have been fully described by the author elsewhere (Warren, W., 1952); it is sufficient to emphasise here that a full range of medical and psychiatric investigations and treatment is used and that there is opportunity for intensive individual psychotherapy if required. At the same time, the daily régime encourages a full programme of suitable activities, interests and education; but with enough control by the staff to promote security and an ordered routine, as it is necessary for each patient to conform within certain fairly wide limits. The unit is part of a psychiatric hospital; all patients are expected to observe the conventions usual in such a hospital, although the staff are well used to understanding and managing with success the anomalous, bizarre or acutely disturbed behaviour that may be found in psychiatrically ill patients. On the other hand, a psychiatric hospital is not equipped to deal with serious delinquent behaviour on the part of patients. Stealing from other patients or staff, breaking in or out, damage to property, or even fire setting, are all possible with some youths exhibiting behaviour disorders; although, more often than not, these outbreaks with ordinary care are preventable by the staff. However, they can cause considerable difficulty in hospital if a delinquent boy is set on such conduct. He can be reasoned with, indeed the understanding and discussion of such impulses may be helpful towards furthering his treatment, but there can be no coercion or retribution. If these are necessary, they must be applied elsewhere and not by psychiatric personnel; in which case it may be impracticable to keep the patient.

Apart from the possibility of serious delinquent behaviour in hospital, any group of healthy teen-aged boys has a capacity for pleasurable mischief-making; they have not gained the self-control of adults. Those who are psychiatrically disturbed and in hospital have not lost such potentialities, unless they are so ill as to be out of touch with reality, or too withdrawn or crippled by their symptoms. In addition, their anxieties or aggressive qualities can be such as to make the group explosive, quick to react with unruly and provocative conduct. They need watchful and unremitting care to ensure their welfare. Thus the total of patients in the unit is kept to sixteen, a manageable number. The number of doctors, nurses and teachers forming the staff is, in proportion, high. Their intimate knowledge of each patient allows some prediction of his activities, and their direction when possible into reasonable channels; although with so varied a group all contingencies cannot be anticipated.

ADMISSIONS

As the result of practical experience a clearer assessment of the potentialities and limitations of the psychiatric unit for the care and treatment of cases with behaviour disorders has been reached. However, the exigencies of a hospital must influence, if not sometimes be decisive in, the choice for admission of a boy given to unruly and delinquent behaviour. Thus a number of requests for admission have been received for boys who were unsuitable, either because they were considered unlikely to benefit from the psychiatric treatment available, or because their behaviour or influence was likely to be too malign. Instances occurred when a boy was causing the authorities responsible for him considerable difficulties over his disposal; perhaps his instability or provocative qualities gave rise to objections to other placements; or perhaps psychiatric treatment elsewhere had failed. Constructive medical reasons for admission are essential to successful treatment, not merely the placement of some offender, seemingly undisposable because of his instability.

Timing of the admission of a patient is necessary for the tactful handling of the group. Experience has shown that more than three patients with active anti-social behaviour are likely to disorganise the ward; to admit more than one homosexual boy at one time may be regretted. A boy of sixteen or older is likely to lead others, and his influence on younger boys may be stabilizing or the reverse. Planning in the light of the current ward situation is continually necessary, and this is complicated by the uncertainty as to whether or not a boy will continue to behave in the same way as he did before admission. Some, whose management was a problem

to their parents, have caused no anxiety to the staff on this score; others, admitted in a depressed or inhibited state, have become difficult as their mental state improved. Each prospective patient is studied in the light of these possible changes, and the date of his admission may be influenced to some extent by his probable impact on the ward group as a whole.

Once in the ward, a boy with a behaviour disorder, particularly if admitted from the Court, may re-act in various ways. He may settle down happily and be co-operative from the start, so that he is accepted by the other patients and fits in with them. He may, however, adopt a devil-may-care attitude, concealing his anxiety and unhappiness, or at first not regard himself as 'ill', and so in need of hospital treatment. On the other hand, admission may be regarded as an easier alternative to an approved school, which recent sojourn in a Remand Home may have led him to expect; it may be a haven where he hopes to carry on his delinquent mode of life undisturbed. Or again there may be considerable resentment at what is regarded as an unnecessary waste of time (this attitude was shared by the parents in two Court cases). However, if suitable for admission in the first place, interviews with the therapist have usually dealt with these different attitudes, and the boy has then in most instances been prepared for the treatment that is necessary.

There was at first some uncertainty as to how patients with varied types of psychiatric syndrome would mix in the same ward. The disturbed psychotic is necessarily placed elsewhere, but the anti-social boy lives in hospital alongside the boy who shows a neurotic picture, and who has come, perhaps, from a very different background. In practice, it was found that socially normal boys are not corrupted by the anti-social; at these age levels it seems that the former have long developed standards of behaviour which are not seriously influenced by the latter. In addition, the staff sets standards of greater social influence. The patients, with no detailed knowledge of each other's background, have not shown undue concern over these differences and have accepted each other at face value. However, if a boy is anti-social or aggressive to others, then he is likely to become unpopular and be shunned. If very difficult, all may find it hard to tolerate him; and so his anxieties and aggression may increase. He will then need considerable direct and indirect help from the staff, particularly from the therapist; on the one hand the difficulty may be successfully solved, with a consequent stimulus to the necessary 'rapport' that needs to develop between therapist and patient; or on the other it may lead, for instance, to running away, so that treatment may become impracticable.

The following are examples of patients who proved themselves unsuitable for the hospital régime because of running away:—

Case 1: aged 15. (Court Case. Released temporarily from prison for admission to the unit as a Voluntary Patient).

This youth had a history of petty delinquencies (stealing) dating back to the age of two, and fifteen abscondings from remand homes and an approved school; he had started a two-year sentence of imprisonment. His background had been very disturbed, his father having after much quarrelling deserted his mother. The patient was fond of her, but he was later taken by his father to live with him and a 'stepmother'—a second unhappy ménage. Prior to admission repeated punishment had apparently led to further delinquencies, although it was reported that he had responded temporarily to active and friendly interest by adults. His delinquencies had been considered elsewhere to have a probable neurotic basis, and he was admitted with the full realisation of the high risk of failure.

In the ward, while at first superficially co-operative, he yet remained aloof and suspicious of everyone. He soon became overbearing and aggressive to other patients and stole repeatedly so that he was much hated by them. Many interviews with the therapist failed to help him with his difficulties. Three months after admission, he absconded after a quarrel and subsequently returned to prison. Follow up revealed that he remained there for a year, his record not being a good one. Efforts were made to place him in a job without success, and he was subsequently sent to Borstal, following further charges of stealing and house-breaking.

Case 2: aged 13. (Non-Court Case. Admitted at request of his school doctor).

This boy had repeatedly truanted from school over two years, having previously been a model son. He was increasingly difficult at home and repeatedly stole money there. He had never been charged in Court. He had not improved with out-patient psychiatric treatment. He was of above average intelligence, clever with his hands, but sensitive and withdrawn. His mother was over-anxious and unable to cope with him; his father strict, quick-tempered and lacking in understanding.

When admitted to hospital, he promptly ran away. However, he settled down better in school after this experience. Six months later he was placed on probation for stealing; and finally joined the R.A.F. as a boy entrant and appears to be doing well.

INVESTIGATION AND TREATMENT

Examination of the case records emphasises the great variety of problems to be found amongst those with behaviour disorders. This was apparent in their etiology and in their symptoms, so that treatment had to be flexible. Their detailed analysis would serve little useful purpose; but some aspects can be emphasised and illustrated by further clinical examples.

Twenty-eight of this group remained in hospital for periods ranging from three weeks to fourteen months, with an average of five months. The other five either ran away or were removed by their parents after a period varying from a few hours up to three months. They have since remained out of this hospital for varying periods of time up to two and a half years.

All have been followed up, and although no final assessment can be made it has been possible to ascertain whether they have remained reasonably stable, holding their own in work or school; or whether there have been further delinquencies or symptoms of disturbance.

Three of the group were investigated, and placed as soon as possible after assessment in a suitable institution; no further active treatment was attempted in hospital. These, with thirteen others who were given active treatment (48.5 per cent.), appeared to have considerably benefited, as judged by their subsequent progress. The other seventeen (51.5 per cent.) either did not improve in hospital, or were temporarily stabilised only to relapse after discharge. The proportion of those apparently helped was slightly higher in non-Court cases than in Court cases, but the difference between them was not sufficient to be of significance.

The many factors that determined if a patient could be stabilised in hospital and remain so after discharge, included the general régime in the unit. A stable routine, during a crucial and turbulent time, may in itself lead, with further maturity, to increased integration, settling down and cessation of anti-social behaviour. In a small proportion it may alone have been sufficient, but it is desirable to add what may not always be possible in institutional life, viz., the intimate knowledge of each boy by the staff and especially his therapist. His individual needs are studied, his feelings and reactions to the ward group appreciated, and at every stage of his stay he can discuss his difficulties with the therapist.

This careful attention to each boy in the total group appeared to be important, and has helped most whose behaviour and anxieties could otherwise have mounted until their stay would have been curtailed. It also helped the therapist towards the elucidation of the problems that led to admission in the first place.

Social factors. Another important factor that often needed attention during the patient's stay in hospital and afterwards was the home background.

As was to be expected, home circumstances either past or present were detrimental in the emotional sense in over two-thirds of the cases. The loss of a parent, unhappy relations between parents, and illegitimacy; rejection of the patient, or spoiling and over-solicitude, were very frequently recorded in the case histories. In nearly one-third the material circumstances at home were also detrimental, e.g., poverty, gross overcrowding, or lack of physical care through parents being absent or out at work. In a majority of instances considerable attention had to be paid to these factors; and the success of treatment could sometimes depend in part or wholly on what could be done to better them. If unalterable, the patient

on leaving hospital might have to be placed elsewhere, unless he was old and stable enough to resist bad home influences. This placement was sometimes most difficult to effect; six of the patients who relapsed after discharge are believed to have done so in part because no suitable placement was possible. The following is an example:—

Case 3: aged 14. (Non-Court Case. Admitted at the request of his doctor).

This patient was increasingly given to outbursts of temper, lying, stealing, truancy and minor sexual misdemeanors over a period of five years. He had never been charged. For a longer time he was enuretic by day and by night. His home had been grossly overcrowded, but had recently improved. Conceived before marriage, he had always been rejected by his mother; on the other hand, he lived in earlier years with his grandmother, who had spoilt and then nagged him. He was slow in development, and did not do well at school. Physically healthy, his I.Q. was 84.

After admission, he settled down at once, expressed pleasure at being away from home, and revealed himself as a rather boisterous, cheerful boy. His enuresis ceased within two days. No abnormal behaviour was observed, except that if frustrated or teased he quickly lost his temper; but with the growth of warm relationships with the staff this improved. Therapy was directed towards promoting security and sorting out with him his difficulties at home. Efforts were also made to improve the attitude of his parents towards him, but with little apparent success.

After three months he was discharged to his home, having been deemed maladjusted. It then became clear that the delay before transfer to a boarding school for maladjusted children would be so long that this course was not practicable. All his symptoms returned and he awaits placement in a hostel.

Constitutional factors. The investigation of each patient included an assessment of physical health, innate constitution, intelligence and educational attainments. All these had some bearing on the form and effectiveness of treatment. Bodily disease was comparatively rare. One patient had atrophied testicles and another undescended testicles needing physical treatment, and both these physical anomalies had considerable psychological concomitants.

Intelligence quotients ranged from 64 to 139, closely following the distribution curve found in a sample of the normal population. On the whole, those of high intelligence responded best to intensive individual psychotherapy. Thus of the seven patients with intelligence levels ranging between 109 and 139, five were considerably helped, but two did not respond because of deep founded and apparently irreversible abnormalities of personality. A number of those of average intelligence and below were also helped, particularly one patient with an intelligence quotient of 97. We may assume therefore that factors other than the level of intelligence were more important in determining the outcome of psychotherapy. On the

other hand, those with an I.Q. below 90 were, on the whole, more responsive to the general care and to the group influences of the ward than to formal psychological treatment.

The educational attainments of just under half were found to be considerably below the levels normal for their ages and intelligence quotients. Many had missed much schooling through truancy or other reasons; or were social failures at school, discouraged and wasting their time. While in hospital considerable efforts were made to help them educationally, but what could be achieved depended much on their ability to concentrate and their attitude to school lessons. To improve their educational attainments was believed to be an important factor in promoting self-esteem, in instilling the habit of regular attendance at school, or in helping towards more satisfying employment.

An electroencephalogram was made as a routine investigation. It was considered important to study in this way all patients who were not yet mature and especially those with behaviour disorders; but it was uncertain how far the readings could contribute to the total picture. They manifested a higher rate of abnormality than that found in adults or normal adolescents of the same age range. The majority of records were of the common, constitutional immaturity type, in that they showed an excess of activity in theta range. With some exceptions abnormalities did not appear to correlate closely with individual problems; but whereas only one-third of those without conduct disorders manifested them, just over one-half with conduct disorders did so. This agrees with the findings of a number of writers describing such disturbances in younger children. When an abnormality was found to be present, it was not necessarily a poor prognostic sign, and did not contra-indicate psychotherapy, since some responded well in spite of such a finding.

More specific findings amongst the group with behaviour disorders included one patient who showed unsuspected epileptic dysrhythmia. Another patient, aged 13 (a non-Court case), had foci in the temporal lobe, as in those patients described by Rey, Pond and Evans (1949). Other factors had contributed to his long-standing behaviour disorder, but it may have partly accounted for his vulnerability to detrimental influences. He slowly improved during seven months treatment in hospital, and was subsequently sent to a school for maladjusted children where the improvement continued. A further E.E.G. a year later was much nearer normal.

Two patients, with behaviour disorder of long standing, over-active and mischievous, with whom little psychotherapeutic contact could be made, and with abnormalities of the immaturity type in the electroencephalogram, responded to adequate doses of benzedrine. While taking

this (see Case 4) both were quieter, less mischievous, more amenable and concentrated better. Other similar patients showed no response, so that the drug is most uncertain but occasionally useful in such cases.

Case 4: aged 17. (Non-Court case. Admitted at request of his doctor).

This patient had a bad home background, with an epileptic and intellectually dull mother and a shiftless, ineffective father. Born before his parents' marriage, he was dragged up in a very poor home in an atmosphere of constant bickering. He showed evidence of emotional disturbance as a child, failed to gain any sense of responsibility, played with younger children and had a quick and violent temper. At twelve, he was psychiatrically treated and then placed in a foster home. He was unmanageable, and later, after being charged for the first time as beyond control, went to an approved school for three years. After leaving, he was repeatedly sacked from jobs for petty pilfering and his failure to work. He avoided further charges.

He was found to be physically immature and undersized (I.Q. 97 per cent.); his E.E.G. was abnormal and of the constitutional immaturity type. He joined with the younger boys and was either over-active, cheerful and mischievous (although easily controlled), or quick-tempered and apt to burst into tears. He failed to concentrate on anything constructive. Although ready to discuss his problems, he seemed unaffected by a psychotherapeutic approach. 25 mgms. of Benzedrine a day gave a striking temporary response. He was more stable in mood, less erratic, well behaved and was able to settle to work. If the drug was stopped, he at once relapsed. A year later the E.E.G. was unchanged. After discharge he failed to take the drug, and his continued pilfering led later to a Borstal sentence.

It seems desirable, judging from these findings amongst a small group, that electroencephalographic examinations should be carried out in young patients who show persistent behaviour disorders, and who are incorrigible in the face of ordinary methods of correction. These examinations have been of service in providing evidence regarding constitutional factors of prognostic significance, but their interpretation calls for caution.

PSYCHOLOGICAL TREATMENT

A further important part of the investigation of each patient in hospital has been the assessment of his suitability for individual psychotherapy. In the first place, whatever the patient's personality make-up, and whether or not he shows signs of psycho-neurosis, his general circumstances have had some influence, favourable or otherwise on his suitability for psychotherapy.

For treatment to be practicable, the patient must be able to find some niche in the ward, and to withstand what might be for him the moderate stresses of its communal life, so that he will at least stay. His behaviour also needs to be within the limits that the hospital authorities could allow.

Constitutional factors, and especially the patient's intelligence, may be

favourable or unfavourable, although seldom so detrimental as to be an absolute bar to a psychotherapeutic approach. It has been emphasised, however, that social factors can undo any help that may be given him.

However, given a patient with reasonable constitutional endowment and social circumstances, there are unusual opportunities for such treatment in hospital compared with what may be available outside. There is no set time limit to his stay if it is likely to be of benefit to him; and if necessary he can be interviewed daily or at any time when a phase of treatment or some crisis makes it necessary. The techniques used have varied with the views and personality of the therapist, but the intensity and length of treatment have depended on the needs of the patient.

It is well known that those with behaviour disorders can be very difficult to treat by psychological means, and this has sometimes been so in hospital. Some patients might not at first regard themselves as having difficulties that needed such help. They were sometimes suspicious of any friendly contact with an adult, who could be regarded as a hostile authority. At the same time, there might be a strong desire to repeat acts in hospital that had led before to their being disliked and punished. Since they are conditioned to such behaviour, considerable patience is needed before an opportunity arises to break through what had already become, before admission, a vicious circle of recrimination. It has sometimes required many interviews over a period of weeks before any significant relationship could be established, in which exploration of conflicts could begin. Some patients have a facility for provoking hostility, so that the personality of the therapist is important; and as a colleague remarked—‘All seems to depend on whether one likes the patient’. Considerable anxiety and aggression may be released once their protective armour has been pierced; this is reflected in their general behaviour, which requires careful handling, a task by no means easy even if the staff have full insight into the reasons for the behaviour.

Much depends on the relationship that can be established by the therapist with his patient. If the latter is not seemingly indifferent; feels unhappy and is anxious over his behaviour; recognises that he has worries over his relations at home; if there is some positive integration of his personality and some conscience formation; all these are pointers towards a successful outcome of psychotherapy. On the other hand, if no personal contact with other patients or staff develops except to satisfy immediate needs; if no relationship, positive or negative, springs up with the therapist; if anxieties and conflicts are so long buried as to remain hidden to the observer; if delinquent acts are constantly repeated with no accompanying emotion or apparent compunction; if the patient lies repeatedly until found

out, and then shows no sense of guilt; then psychotherapy in the hospital setting is not as a rule effective.

In other words, it has appeared that patients with partly organised conduct disorders occurring as part of a psycho-neurosis, perhaps accompanied by other neurotic symptoms, or as part and parcel of difficulties typical of adolescence, are approachable by the psychotherapeutic means available, and with a fair chance of success. If, however, delinquent behaviour appeared to be deeply engrained in the personality, of very long standing or accompanied by little or no anxiety features, the chances of helping such a patient have been small. He may or may not have had a history of emotional traumata early in life, considered significant by Bowlby (1951) and others in forming the anti-social character; and it is debatable whether such a patient already has the hall marks of the psychopathic personality. However, it is also a matter of speculation whether more intensive and prolonged treatment in some setting without the limitations inherent in the hospital situation could have helped him further.

The following three patients are examples of patients with psycho-neurotic difficulties who responded well to a psychotherapeutic approach in the ward setting:

Case 5: aged 16. (Court Case. Admitted under the terms of the Criminal Justice Act, 1948).

The illegitimate son of an unstable woman, who married his stepfather when the patient was eighteen months old; the stepfather a morose, irritable man who severely nagged and beat the children. The family relationships were bad and little affection was shown. His early life was disturbed, but as a young child he was unnaturally good and quiet, failing to make any friends. Having a high intelligence—I.Q. 139—he did well at school and won a scholarship. By eleven his resentment against his stepfather increased, especially when told of his illegitimacy. He truanted from school, failed to work and was expelled. Truancy continued with much petty pilfering and he failed to keep a job. Transfer to a hostel did not help matters and he was charged as beyond control.

When admitted he was depressed and anxious, covering up with a superior boastful façade. He took no part in any activities but spent his time reading and playing chess. At times he quarrelled and was generally unco-operative. After three or four months he became less anxious and depressed, established his position as the intellectual leader in the ward and was more helpful and better behaved. A therapeutic relationship was gradually possible, and his conflicts over his illegitimacy, his stepfather and mother were discussed and alleviated. After seven months he was discharged, still insecure, but free from anxiety and depression. Two years later, he was still living at home. Relationships there were much better and he was in steady work with one good friend. His chess had reached a very high standard.

This appeared to be an example of delinquency mostly on a basis of

neurotic conflicts. His behaviour was always manageable in hospital, although treatment was slow and difficult.

Case 6: aged 16. (Court case. Admitted under the terms of the Criminal Justice Act, 1948).

This patient had long shown neurotic symptoms including bed-wetting, and in addition since the age of eleven there had been episodic delinquency beginning with truancy from school, the theft of a bicycle and later one instance of breaking and entering, for which he was put on probation and placed in an Approved Probation Hostel. He ran away and lived by stealing, and it was following this charge that he was referred by the Court. An unwanted boy, he had been rejected by both parents. His early health had been poor and he was seclusive, easily provoked, and timid of other boys. There had been increasing rows with his parents and he had failed to keep his jobs. He had become anxious, discouraged and sullen. He was physically healthy and of average intelligence—I.Q. 97.

He resented admission, was sullen, aggressive and unpopular. He bullied the younger boys and went out of his way to show he was a 'bad boy'. This continued for some weeks and it was difficult to establish a relationship with him for the purposes of therapy. Improvement set in when he was given a job in the hospital kitchen, after which personal contact could be made; he was able to discuss his difficulties. He now steadily improved, his bed-wetting lessened, and he was discharged after four months. Efforts to get him into a hostel were without success and he returned home.

Two years later, he had remained in work and free from further offences, relationships at home were better and his enuresis had further improved.

This boy caused considerable disturbance in the ward by his behaviour, but he was manageable and he did not run away. His neurotic conflicts were clear, and once a relationship could be established, they were amenable to therapy. The Probation Officer helped considerably in ensuring his continued stability after discharge.

Case 7: aged 14. (Court case. Admitted under the terms of the Criminal Justice Act, 1948).

An illegitimate boy, with an over-anxious, timid mother, who, when he was four, married a widower with three children. Further half-siblings were born. The patient's surname, however, was not changed. In his early life, he was passed from relative to relative; but after his mother's marriage his background became stabilised. He showed evidence of early emotional disturbance but later settled and did well at school. At twelve, he heard of his illegitimacy, became unhappy and restless and repeatedly truanted, when he lived by stealing. He also stole from both parents until charged as beyond control.

He had a high intelligence (I.Q.120), and having settled down after admission remained cheerful, friendly and well-behaved. Therapy revealed much conflict and guilt over his parentage, aggression against his stepfather and ambivalence about his mother. His behaviour disorders were intimately associated with these difficulties. He was discharged after two months, and sent to a naval training school. Eighteen months later, he remained stable and could be given consider-

able responsibility and privileges. When at home he was pleasant and happy both with his mother and stepfather.

This patient's conduct disorder also clearly had a neurotic basis and he proved an excellent subject for psychotherapy.

By way of contrast the following two patients are examples of those with severe personality disorders, who were not helped:

Case 8: aged 16. (Non-Court case. Admitted at the request of his doctor).

This boy's father was inadequate, with a duodenal ulcer; his mother irritable, voluble and with frequent headaches. They were apt to quarrel and showed little overt affection for the patient. Two younger brothers were healthy. A few of his relatives showed considerable mental instability. He had a birth injury, was cyanosed for two days, then developed septicaemia and was a weakly baby. From the age of five, following the birth of his younger brother, he became disobedient, told lies, and showed neurotic traits for which he had some psychiatric treatment. He went to six schools, did badly and was unhappy in them, but behaved better when evacuated. At eleven, he had further psychiatric treatment without much effect following an illness lasting three months, in which he had fever and 'lost his speech for a time'. He was now said to be hypochondriacal, introspective, listless, swore a great deal and felt persecuted. So he remained, with outbursts of temper, mischievous, friendless and prone to tell fantastic lies. After leaving school, he lost six jobs, truanted and finally walked into a river as a dramatic gesture. His parents were anxious not to charge him in Court.

When admitted, he was found to be physically healthy and of average intelligence. An E.E.G. showed excess theta rhythm in the central area, of uncertain origin. He remained hypochondriacal, childish, unstable, unable to persist in any task, and apt to be mischievous, fantasising himself as a hero. In psychotherapeutic interviews, he aired his feelings of rejection, jealousy of his brother and fears of his own aggression; with no apparent benefit.

After five months he was discharged, and after failing follow-up appointments, has in two years appeared as an out-patient in two other hospitals, and been admitted to two more with the same symptoms.

This patient was not helped by admission, his personality was considered abnormal, and organic brain disease from birth injury or possible encephalitis at a later date was not excluded.

Case 9: aged 16. (Court Case. Referred under the Criminal Justice Act, 1948).

An illegitimate boy, whose early history was unknown, except that from the first he was neglected and grossly ill-treated. At eight he was adopted by kind people but with a rigid moral code. He was at first cowed and anxious, but later seemed polite and well-behaved although much given to lying. He sought adult company, tended to curry favour and failed to make friends. At thirteen he began to steal repeatedly and to truant. He lost a number of jobs from this and was involved in homosexual activities. He was plausible and furtive, with

rationalisations and no expression of guilt over his misdemeanours. He was finally charged for the first time with stealing.

When admitted he was found to be of above average intelligence; and from the first, showed a smooth, ingratiating manner, explained away his offences and although ready to discuss himself at length, allowed no psychotherapeutic progress to be made. He continued to steal and made homosexual advances to other patients, until after five months he was brought back to Court and referred to an approved school. Nine months later, no fundamental change in his behaviour had yet taken place.

This boy was considered to have deep founded abnormalities in his personality, and psychotherapeutic efforts in hospital failed to help him. His behaviour in the ward precluded a longer stay.

CONCLUSIONS

The admission of these boys with behaviour disorders has always involved investigation in the full socio-psycho-biological sense. Kennedy (1949) described how diagnostic centres might be set up in connection with Courts, where such investigations could be carried out. Some patients with difficult problems of diagnosis would require a period of unhurried observation; their suitability, for psychotherapy, for instance, may not be quickly determined. Those who require further psychiatric treatment would need to be transferred to such a centre as that described here.

Such a preliminary sorting out might have saved some of the inevitable wastage that occurred amongst this small group after admission. Such Court diagnostic centres could only help offenders. They would not deal with the many children with behaviour disorders who are not on charge, and who are normally assessed in psychiatric out-patients' departments.

Experience of the treatment of behaviour disorders in hospital is yet small. It is important to test its value in many types.

REFERENCES

- BOWLBY, J. (1951). 'Maternal Care and Mental Health.' Geneva: World Health Organization. Pp. 179.
- EAST, NORWOOD (1950). 'Medical Aspects of the Criminal Justice Act, 1948.' *J. Crim. Sci.*, **2**, 90.
- KENNEDY, ALEXANDER (1948). 'Discussion: Juvenile Delinquency with special reference to Remand Homes.' *Pro. R. Soc. Med.*, **41**, 197.
- REY, POND & EVANS (1949). 'Clinical and Electroencephalographic Studies of Temporal Lobe Function.' *Pro. R. Soc. Med.*, **42**, 891.
- WARREN, W. (1951). 'Conduct Disorders in Children Aged Five to Fifteen Years.' *Brit. J. Delinq.*, **1**, 164.
- WARREN, W. (1952). 'In-patient Treatment of Adolescents with Psychological Illnesses.' *Lancet*, **1**, 147.

ENVIRONMENTAL THERAPY IN A HOSTEL FOR MALADJUSTED CHILDREN

By MARGARET DUNCAN (CHICHESTER)

Although hostels for maladjusted children may now be regarded as essential to the successful organization of Child Guidance Services the available literature on the subject is with rare exceptions diffuse and unsatisfactory. Few details are given regarding organization and administration, selection of cases or rationale of treatment, to say nothing of the peculiar difficulties incident to an arduous but in the long run satisfying form of work. This paper describes the progress of seven maladjusted cases over a period of nine months in a small rural hostel, where the aims of treatment were visualized as clearly as possible, selection of children for admission was carefully controlled and the psychiatrist and staff worked closely together.

Dr. Kate Friedlander has described (9) how she started the West Sussex Child Guidance Service for the County Council. There are three clinics, each with a complete team of workers, but all co-operating closely. Our hostel for maladjusted children was opened in 1948 to cater for those we felt could not for various reasons be treated in the clinics: the hostel is run by wardens responsible to a sub-committee of the County Council, and is supervised by one of the clinic psychiatrists. Selection of children is in practice left to the clinics, the hostel psychiatrist making the final choice and taking full clinical responsibility for treatment in the hostel. At the end of 1950 the hostel had to be closed for repairs, new wardens were appointed for the re-opening, and fresh children had to be selected: this was obviously the moment to take stock. How far were our aims and expectations justified? Which type of case benefits most from this environment and how much therapy can we hope to offer within our limitations? The period of nine months reviewed in this paper was certainly short; even so, many questions were clarified and others cropped up which merited investigation. Under the circumstances prognosis had to be tentative: only by following up these cases for ten years or more can one *prove* how far the prognoses are correct. In the meantime, we can say that according to our follow-up records the criteria on which our prognoses are based have served our clinics well over the past six years.

Diagnosis:

The West Sussex child guidance service is psycho-analytically oriented. Over several years Dr. Friedlander and the staff adopted and modified a

number of diagnostic categories, as this appeared essential for assessing the type of treatment required and the prognosis with or without such treatment. These categories are based on psycho-analytical theories of phases in the differentiation of character during development, and thus link the symptoms to the stages at which such development left the 'normal' paths.

Broadly speaking, the children for whom the hostel was opened and who seemed most likely to respond to our type of environmental therapy were those we diagnosed as cases of PRIMARY ANTISOCIAL CONDUCT (with or without neurotic traits) and PRIMARY BEHAVIOUR DISORDER (with or without neurotic or antisocial traits).

Primary Antisocial Conduct corresponds roughly to the 'antisocial character formation' described by Dr. Kate Friedlander as follows: it 'shows the structure of a mind where instinctive urges remain unmodified and therefore appear in great strength, where the Ego, still under the dominance of the pleasure-principle and not supported by an independent Super-Ego, is too weak to gain control over the onrush of demands arising in the Id' (10). Children belonging to this group were usually found to have been unmanageable from an early age, lying, pilfering, truanting, etc., and the relationship with the mother had been either interrupted by separation during the first few years of life, or grossly distorted during the same period by the mother's own emotional disturbance, no satisfactory substitute relationship having been formed.

To the Primary Behaviour Disorder group belong children with symptoms of emotional disturbance (whether antisocial in type or otherwise) representing a conflict between the child's instinctive desires and environmental frustrations. The symptoms (such as some types of stealing, night-terrors, fears of animals, sudden break-downs in habit-training, etc.) are exaggerations of traits fleetingly met with during the early development of most children. Where these traits are gross, we have usually found that handling has been inappropriate during one or other developmental phase.

In practice it is not always easy to distinguish Primary Behaviour Disorder from Neurosis, where the conflict has already been internalized and is then between the child's Id and his Super-Ego, with symptom-formation which may or may not have an antisocial outlet. Obviously, if there are neurotic traits, there must have been some internalization of conflicts. But roughly speaking 'neurotic traits' are less fixed than fully developed neurotic symptoms: one such trait (for example, a facial tic) will last for a short period, and be followed by or alternate with another symptom such as nail-biting. Children with neurotic traits or with a neurotic character disturbance were expected to respond to hostel treatment, but with difficulty. Those with a true psycho-neurosis and those in

the Pre-psychotic group we did not expect to be able to help, though we might admit them occasionally for observation.

Treatment

The environment, then, during the first five years we regarded as playing a large part in the production of Primary Behaviour Disorders and Primary Antisocial Conduct, particularly the latter. Cases in the former group can usually be treated adequately in the child guidance clinic, either through the parents (of children under five) or by weekly treatment of both parent and child; but where the symptoms are mainly antisocial in type, and where the parents are unable even with help to modify their handling, placement becomes necessary. In the Primary Antisocial group, the children usually have grossly inadequate and unmodifiable homes, and clinic treatment is rarely satisfactory, partly because they do not attend regularly, and partly because they cannot make object-relationships strong enough for once-weekly clinic therapy. For these children, as for cases of Primary Behaviour Disorder, it was hoped that our hostel would provide mainly a process of re-education. To quote Dr. Friedlander again, 'in order to re-educate the child, the educational methods of the first five years have to be applied; but the object of re-education is not a small baby but a child . . . who is no longer entirely dependent on an adult for fulfilment of his desires . . . The young offender has experienced so many disappointments in his early emotional relationships that a person in authority will find it difficult to arouse affection. But if re-education is to be achieved at all, the establishment of a firm object-relationship, similar to that between the baby and its mother, is the precondition for further educational work' (10).

For all these children, then, we wanted to create a family atmosphere: we planned to admit both boys and girls and to appoint married wardens. We did not expect to obtain staff who could by themselves control the environmental therapy and the re-education processes: that is a dream of the future. We would, however, try to appoint intelligent and stable wardens, who would be able to give the children consistent loving care, while we, with regular psychiatric supervision and advice, guided the re-education processes ourselves.

We expected that most of the children would remain with us for some years. Re-education is not a mere removal of symptoms, and in most cases the only alternative to keeping the children would be to send them on, after an intensive short period with us, to County Homes, a disturbing procedure which would probably reactivate many of their problems and undo much of the good we had done. As we should be working through the children's dependence on and attachment to the wardens, we had to accept the

consequences of this, including the need for an extremely gradual emotional weaning of the children from the 'parents' we had substituted for their own.

The Environmental Setting

The house itself had been a small family hotel, standing in grounds of one and a half acres. There is a cottage in the grounds, with a small garden of its own, for the wardens and their family. The house itself can accommodate about twenty people, but for various reasons there were never more than twelve during the period dealt with in this paper. Partly because of the limitations of our buildings, but largely because we felt that as far as possible the children should as in an ordinary family take part in every possible local activity, we sent all the children to the local schools. This presented the school authorities with many problems, but through our psychologist and wardens we did our best to make things easier for all concerned.

The Staff

The wardens are in their thirties, happily married with young children of their own. They had been house-parents for many years in a large Home for deprived boys. The man is used to teaching his crafts and sharing his hobbies, of which he has several. His wife is an excellent manager with some nursing and teaching experience and considerable musical ability. Both appreciate the value for the children of regular meals and bed-times, but they can vary these routines when necessary without anxiety. Their interest in and real affection for the children is without sentimentality, and they have an abundance of common sense. They know what they want and are prepared to ask for it—but they are able to wait patiently. Their ability to co-operate, both with the clinics and schools and also with the committee to whom they are responsible, did much to ease psychiatric supervision. They had had no theoretical training but were eager to learn, and as each case was regularly discussed with them, they gradually appreciated the emotional problems involved and came to rely less on moral disapproval and more on a real insight into each child's emotional need. I noted, incidentally, that an over-moral attitude to misdemeanours only became marked when they were unsure of themselves or of the emotional state of the children. When the situation in any particular case had been discussed, and advice and support had been given, their understanding triumphed over their need to disapprove.

In addition to the warden and his wife, there were at the beginning of

1951, when we re-opened, an assistant matron and a cook living in the hostel, a gardener and two or three part-time domestics living out.

FIRST ADMISSIONS

In January, 1951, the five children selected for immediate admission were not, with one exception, expected to be unduly troublesome. It seemed important to let the group develop gradually, so as to minimize strain for both wardens and children. Before admitting any child, I discussed his case with the wardens, described what we knew about his problems and said what I thought was likely to happen in the hostel during the first months after his admission. In every case selected, the wardens and I were in agreement as to the advisability of taking the child. One of the first children (Eileen) was in the Primary Antisocial Conduct group, three (Pat, Bill and Ruth) were apparently Primary Behaviour Disorders: Edward, a boy with a fundamental character disturbance and some antisocial and neurotic traits, was the only case expected to be extremely difficult. Later admissions during the nine months of my supervision were Val (Primary Antisocial Conduct), Matthew (Primary Behaviour Disorder) and Perry (Pre-psychotic or Neurotic). There were four other children: they, with Eileen already mentioned, are not described in this paper, either because I only dealt with them over a very short period, or because their cases are too similar to others described.

Age Range

During this period, we admitted several children over ten, including two adolescents: this was an experiment, and we later decided to limit the maximum admission age to ten, at least in the case of boys. Older children, with disorders usually of long standing, require more individual attention than they can get in a full hostel, quite apart from the difficulties they might create in a group of both sexes. The minimum admission age is five: we are not equipped for children under school age.

METHODS IN GENERAL

The first essential in treatment was to give each child the chance to establish a strong relationship with the wardens. We did not want to complicate matters at that early stage by introducing anything which might hamper this process. (It is easily overlooked that in any case the frequent arrivals of new children—far more frequent than in any family, at least before a hostel is full—cause interruptions due to jealousy and renewed insecurity however carefully the established children have been prepared for the newcomers). For this reason I ruled out any direct inter-

vention of my own in the lives of the children. I went to the hostel once a week, and spent the afternoon there, most of the time discussing the cases with the wardens. I often spoke to the children in the house or garden when they were playing after school or during the holidays, and occasionally I stayed to a meal with them. But I never interviewed any one child without sending for others. So far as I could make out, I represented vague and perhaps punitive authority, since I had been finally responsible for their admission: I was certainly a link with home and, through the psychologist, with school. My regular visits to the hostel helped the children to feel that their friends in the clinics were still interested in them.

For the same reasons, I did not want at that stage to add clinic treatment to hostel environmental therapy. We had in any case originally intended the hostel to provide therapy instead of, not in addition to, clinic treatment. I felt that any child so disturbed as to require more intensive therapy than this particular environment was intended to provide, was too disturbed to benefit much from once or even twice-weekly sessions in the clinic. (This applies, for example, to neurotic or pre-psychotic children).

THE CASES

1. VAL. Age 6. I.Q. 90. Diagnosis: Primary Antisocial Conduct.

Family History: Val is illegitimate. He has no known father, and his mother is promiscuous, with very little social conscience but some affection for the children (all of whom have different fathers). The family live with the maternal grandparents and Val has an elder brother at home: a younger sister was put out for adoption when a fortnight old. The maternal grandmother was in a mental hospital when Val was admitted to the hostel, the home was uncared for, and Val was getting into constant trouble in the neighbourhood, trespassing, destructive, probably stealing. No one at home bothered to discipline him, except occasionally his grandfather, with whom Val seemed to have made some kind of a relationship. The N.S.P.C.C. brought the case before the Court, and the mother was with difficulty persuaded to send Val to the hostel: she was allowed to remain his guardian.

Personal History: He was breast-fed until he was thirteen months, he walked and talked at about fifteen months, and his habit-training was easy-going but more or less complete by three years.

Hostel Aim: Re-education.

Hostel Progress: He was home-sick for a day or two, but after this quickly began to take an interest in everything and make friends. For six or seven weeks he was compliant and cautious, comparatively easy to manage, though he had no conception at all of socially acceptable behaviour. At the end of this time he began to test the wardens' affection: he soiled, he pilfered, he lied and became disobedient, though he remained friendly. This stage did not last long. It was expected, and the wardens had been warned: they continued to treat him lovingly, consistently, firmly. Gradually he settled down, made an excellent

relationship with them and with their own small children as well as with his hostel companions, and became a normally naughty and rather dirty little boy, with a tendency to follow older children into mischief such as mild truancy or fruit-stealing, but with an embryonic conscience in evidence.

Val's reasonably strong relationship with his mother has both hindered and helped his progress in the hostel. It has enabled him to pass on to other relationships—as with the wardens—of an enduring kind. His mother's unreliable behaviour, however, does unsettle him, since she promises to visit but rarely arrives, writes to him only occasionally but does continue to write. So far, the psychiatric social worker has been unable to help her to modify her behaviour. When Val was a baby, she must have treated him very inconsistently, over-indulging him in some respects (for example, the unusually long breast-feeding period) and neglecting him in others. He is apparently an example of the antisocial child resulting from a mother-child relationship disturbed rather than broken by separation.

He will have to remain at the hostel for several years, until the new social standards he is adopting have become so much a part of him that they will not easily be shed; that is to say, until his Super-Ego is much stronger. It is doubtful whether it will ever be wise to let him return home to his 'problem family' (as they are called by every local social worker); but it should be possible eventually to move him either to a foster home or to another institution or school catering for deprived rather than maladjusted children.

Follow-up, six months later: He has now been in the hostel fifteen months. He is doing well, both in the hostel and at school. He has had one interesting set-back, when his mother had another illegitimate baby, an event which coincided with Val's moving into another class at school. He regressed dramatically, soiling and wetting, and speaking with the croaking voice he had on admission (which was attributed then to physical neglect) and which his mother habitually uses. After the wardens had discussed with him the link between the disturbing events and his own behaviour, he returned to normal again. He has a good relationship with the warden as well as with the warden's wife, and his usual behaviour suggests that a good masculine identification is now being made.

Comments: This kind of case, of simple re-education, seems to be most satisfactory for our hostel, especially when the child comes to us as young as this, before he has fully achieved latency. Incidentally, compared with the delinquent he might have been he is costing comparatively little to reclaim!

Prognosis: Good.

2. MATTHEW. Age 8. I.Q. 87. Diagnosis: Primary Behaviour Disorder with antisocial traits.

Family History: Matthew's mother died of pulmonary tuberculosis when he was five, but from the time he was seven months she was in and out of sanatoria, and he was moved from one Home to another, from one foster-mother to another. It appeared unlikely that he had had a chance to make much of a relationship with anyone. When he was six, his father remarried and took Matthew home. The stepmother was pregnant, and neither she nor his father had any time for Matthew, who in his new surroundings was not unnaturally difficult. He was cheeky, quarrelsome, destructive and dreamy: he ate voraciously. School reports were similar. The family was constantly on the

move, and when Matthew finally reached the hostel two years later, they were living in one room: the stepsister was then two.

Personal History: Very little known.. He was breast-fed for a time at least.

Hostel Aim: We expected to have more trouble with Matthew than with Val, who had at least never been separated from his mother. We were doubtful whether Matthew would ever be able to make a strong object-relationship with anyone, but there were two hopeful signs—he had responded quite well to an E.S.N. teacher who coached him for a while, and he already had a conscience of a sort. We hoped to re-educate him through new relationships if he were able to make them.

Hostel Progress: When he first came to us, he was extremely babyish and clung, like most unwanted children, to the wardens. He was compliant, but tended to be stubborn and resentful if corrected. When he lied, it appeared to be in order to avoid losing the new-found love of the wardens, his way of interpreting the punishment he seemed to expect. He was untrained and very messy, and he still ate enormous meals. There was no very obvious testing-out period in his case. He made relationships slowly but surely: one of the first signs, after his enuresis was virtually a thing of the past, was that he would wet his bed on the wardens' evening out, and later, during their annual holiday, on the assistant matron's evening out. After this, there was no more wetting.

Advice to the wardens was almost unnecessary in Matthew's case: I merely stressed anxiety underlying his various mild misdemeanours, and urged that any sign of the beginnings of a relationship, such as that mentioned above, should be noted, and the relationship encouraged in every possible way. After six months in the hostel, he had a few days at home: he did not appear to have been welcomed there, and he seemed glad to return.

Follow-up six months later: He tends to wander away from the hostel now, always in the direction of home, though he does not seem to be running away. This suggests that he has a strong fantasy picture of home, which I think the wardens could help him to deal with, so that he gradually accepts the reality situation.

Comments: This is apparently another worth-while type of case for the hostel, the unwanted child with antisocial tendencies due, in our opinion, to mother-child separation during the first five or six years, when no other adequate relationship was formed. If he can be helped to accept reality in place of fantasy he should do quite well. Again, there is no question of this child returning home for some years.

Prognosis: Fairly good, with further environmental therapy.

3. PAT. Age 11. I.Q. 93. Diagnosis: Primary Behaviour Disorder with neurotic and antisocial traits.

Family History: Pat's mother was an unstable woman about whom little is known except that she was promiscuous. His father was in the forces for most of the boy's first six years. Pat was with his mother till he was two, then evacuated to foster-parents till he was six: it is possible that he made fairly good relationships during those years. At six, he returned to his mother for two years, during which time a sister was born (paternity uncertain). Then his father returned home, left the mother and took Pat to live first with the paternal grandmother, then, after a few months, with another woman who had a daughter of Pat's age.

Pat began to play truant, pilfer food or money for food, have temper tantrums, pick his clothes to bits, and generally be difficult to handle. After two years, when he was ten, he was fostered out again, and for six months the foster-parents reported good behaviour. Then he began to test their affection: he was surly to his foster-mother, provocative to the foster-father, and neither of them could manage him. He again truanted, pilfered, had violent bouts of temper and picked his clothes: in addition, his chatter and his lying appeared to be compulsive, he would rock himself endlessly in his chair, and there were vague reports about 'playing' with little girls. For a time he was observed in one of our clinics, and then, when he was eleven, he came to the hostel.

Personal History: Nothing is known.

Hostel Aim: Re-education. We expected this case to be difficult, as neurotic traits were so much in evidence.

Hostel Progress: At first he was quiet and babyish. He over-ate at every meal, frequently making himself sick, and he exhibited himself to the girls whenever he thought the adults were elsewhere. Otherwise, he was very little trouble. The wardens had been warned that he was likely, as soon as he began to make a relationship with either of them, to test them out as he had done with his foster-parents. After a month, this behaviour appeared: he clung to the warden's wife and provoked the warden: with quiet consistent handling, however, he settled down in a week or two, and appeared much more secure. He remained forgetful, dreamy, babyish and rather irresponsible: sexual play with girls continued mildly and occasionally, and he masturbated a good deal. Gradually all his symptoms became less blatant: his greediness diminished and his antisocial tendencies (which were probably compulsive in character) disappeared—he no longer lied or pilfered. He mixed well with the other children in the hostel and at school, and made a school friend whose family he used to visit at week-ends.

After nine months in the hostel, it was obvious that he was still too much absorbed in his fantasies about his father and mother. His father, now in the merchant navy and usually at sea, rarely wrote, but Pat thought he was wonderful and talked constantly about him. He was also pre-occupied with thoughts about his mother, whom his father had only allowed him to see once every six months for an hour or so, and whose address was not now known. Pat constantly asked the warden's wife, to whom he was very much attached, how he could see his mother again. It was obvious that the sooner Pat came to terms with reality the better. The wardens got in touch with the paternal grandmother and with the father, both of whom were urged to write and visit. The grandmother helped considerably by having Pat to stay with her during the holidays, and by thus accepting the maternal rôle, she has done a great deal for the boy. At the same time, the wardens talked with Pat about his mother, and helped him to verbalise and accept the fact that she has been unable to be of much use to him. After this he became less dreamy and absorbed, he mixed still more freely with other children, and began to do better at school. He was still inclined to bully, displayed a good deal of babyish behaviour and tended to cry when thwarted.

Follow-up, six months later: After fifteen months in the hostel, he continues to show steady improvement. He is still rather babyish and untidy, but his

school work is good, he does well in the sea-cadets and he hopes to join either the Royal Navy or the Merchant Navy. His grandmother has him to stay with her whenever possible, and is extremely pleased with his progress: he is devoted to her.

Comments: It now appears probable that Pat is left with a permanent scar in the form of a passive-feminine character; but he is becoming well-adjusted and stable nevertheless. He has some insight, can make relationships and has many interests: he is doing quite well at school.

Prognosis: Quite good.

4. BILLY. Age 13. I.Q. 88. Diagnosis: Primary Behaviour Disorder with antisocial traits.

Family History: Billy has a very disturbed father, sadistic and incalculable. Periodically he used to beat up both the mother and Billy, and there were constant scenes at home. Billy was like his mother, effeminate, passive, provocative, difficult. After his only brother's birth, when Billy was eleven, he became overtly delinquent: there were acts of bravado in an attempt to disprove his inadequacy, and he stole objects apparently to replace his mother's affection which he felt was then concentrated on the younger child. The home was overcrowded, Billy slept in the sitting-room. Finances were irregular, and the parents were very conscious of their social position which they felt was gravely lowered by Billy's behaviour.

Personal History: He was breast-fed for only two days, but there was no difficulty over the bottle or weaning. His sleep was always restless. Toilet-training was rigid and early, he relapsed when he was three when he was evacuated with his mother. School reported occasional truancy, laziness, lack of concentration and a tendency to mix with all the 'bad boys'. He was jumpy and bit his nails. He was said to be likeable.

Hostel Aim: 'Partly because of his age, partly because we suspected a neurotic character disturbance, we were cautious in our estimates of what the hostel could hope to do for Bill. We did think, however, that we could help him to make relationships which were not sado-masochistic like that between his parents, and we expected to cure his antisocial tendencies.

Hostel Progress: From the moment he arrived, he tried to repeat the family pattern: he was a great nuisance, dirty, rough, untidy, bullying the younger children and provoking everyone intentionally. The wardens were expecting this, and, as with Pat, their handling was firm and consistent and they refused to be provoked. Gradually, seeing that his technique achieved nothing, he dropped the provocation and soon made good relationships with everyone. His concentration and school reports improved, he began to tidy himself up and show an interest in girls, he practised the piano spasmodically and with some success (thus forging a stronger link both with his father and with the wardens, who are all musical). At first, his age and size and his 'tough guy' behaviour made him a leader in mischief: gradually, however, he changed rôles with another boy, Edward (who is older and more intelligent) and showed his true colours by becoming second in command, a follower rather than a leader.

In talking to the wardens about Bill, I emphasised his need for masculine identification, and discussed why he had to show off, pretend to be tough, and

so on. The provocative phase was the most difficult for them to tolerate, but it did not last long.

Follow-up, six months later: After fifteen months in the hostel, Bill is progressing steadily both there and at school. He is now fifteen. He mixes well, though he still has a tendency to bully and to avoid taking on anyone of his own size in a fight. He plans to join the Navy. He goes home for the holidays and shows no disturbance on his return.

Comments: Here again there was a character disturbance which the hostel has been unable to do more than modify: Bill remains essentially rather a passive-feminine character due to faulty identification. But like Pat he is now stabilised, and shows no other defined symptoms, antisocial or otherwise. He has good sublimations, some insight, a much stronger Ego and Super-Ego, and mixes well.

Prognosis: Quite good.

5. RUTH. Age 11½. I.Q. 78 plus. Diagnosis: Primary Behaviour Disorder with neurotic and antisocial traits.

Family History: Ruth's father is a printer, small and rather a nonentity, and Ruth, though fond of him, did not seem to respect him. Her mother is rigid, respectable, and only able to tolerate children when they are small and dependent. She had already handed over her eldest boy, two years older than Ruth, to the grandmother. The other child, a girl three years younger than Ruth, is a cripple whom the mother could tolerate because she remained dependent. The mother was quite frank about her desire to get rid of Ruth, of whose behaviour she complained bitterly: according to her, the child was stubborn, disobedient, clumsy, a liar, always wanting attention and unable to do anything for herself. Ruth was referred to us for stealing a bicycle: she had also stolen a fountain pen and various books from school.

Personal History: She was breast-fed for nine months, and there was no trouble with weaning. Toilet-training was early, rigid, successful. She walked and talked at about fifteen months. Schooling was unsatisfactory: she was said to be stubborn, and could not yet read. Her friendships with other children were erratic.

Hostel Aim: Ruth was now a rejected child. From being loved when a baby, she had become unwanted, and felt desperately insecure, as well as violently jealous of the younger sister, who was still wanted by the mother. We felt that Ruth's stealing was that of Bowlby's 'thieves'—'an attempt to secure love and gratification and so reinstate the love relationship' (4). Our aim was to give her security, make her self-reliant, give her insight into her thieving and jealousy. We hoped also to prevent her developing a permanent tendency to form sado-masochistic relationships, as her mother does.

Hostel Progress: At first she was on her best behaviour, trying to please the substitute parents, but unable to hide her acute jealousy of the only other girl in the hostel at the time, Eileen. Eileen was removed by her mother after two months, just as Ruth was beginning to feel at home, and this unsettled her. She became very difficult, quarrelsome and demanding, and not unnaturally, since she was then the only girl among several boys, very tomboyish. This was seen to be a testing-out period and was handled well. She became very attached to

the warden's wife, and never lost a chance of trying to flirt with the warden. This embarrassed him acutely (his own girls are still toddlers), but after I had discussed oedipal problems with him he appeared to find her behaviour easier to tolerate. The warden's wife was able to get Ruth to help her in various feminine activities, which she took to readily and with skill, and she was encouraged to become more self-reliant over washing and dressing herself. But her behaviour towards the warden then became still more provocative: she now constantly baited and belittled him loudly and rudely. The situation came to a head when he saw Ruth and Pat playing sexual games together in the garden. I discussed with both wardens not only the children's behaviour and the probable reasons for it, but also the wardens' reactions to it. As the warden's wife had been less worried than he by the situation, it was agreed that she should handle it: she made opportunities to talk with Ruth about babies and sex in general (this coincided opportunely with the accidental mating of Ruth's doe rabbit, and the production of a litter, which delighted her!) and the girl's behaviour improved. She became much more feminine, very much more responsible, both for her own appearance and with the smaller children, she began to make a good relationship with her teacher and learn to read, and her self-respect increased in consequence. As the only girl, she was now in danger of being spoilt. The arrival of two very disturbed girls aroused her jealousy again, and she followed their lead and regressed considerably for a while, returning to more stable behaviour gradually, as she accepted her jealousy and need for attention, discussed with her by the wardens on many occasions.

Follow-up, six months later: After she had been in the hostel a year, and three months after I left, she went home for Christmas: the parents reported good behaviour, and Ruth had obviously had a good time but was glad to return. She performed with great success at a concert very soon after this, and the next day she stole half-a-crown from a money box in the hostel, in such a way that she must be found out. This was accepted by the wardens as a provocative act: she felt bored after all the excitements, she was apprehensive about some new children due to arrive, and some of her old insecurity and feelings of rejection had returned. All this was discussed with her, and there has been no recurrence. She is now, sixteen months after admission, apparently really happy in the hostel and beginning to work satisfactorily in school and to get on well there with other children.

Comments: Girls are not easy to select for the hostel. Those whom for their own sakes we should like to admit often have overt sexual problems which would present too many difficulties for a mixed hostel. Other suitable girls, such as the diffident, rejected, inhibited children, do not come our way often, as they are rarely a problem in the schools and usually invaluable at home. Their mothers are loth to let them come to us or, as in the case of Ruth's early hostel companion Eileen, remove them to help with the younger children. Ruth herself was an example of the child whose disturbance, if her environment had been more amenable to guidance, could have been treated in the clinic. As we expected, however, she was a good case for the hostel. Her return home will depend largely on the success of social work with the parents.

Prognosis: Fairly good. She is now self-reliant and self-respecting: she has insight into her difficulties: her Ego and Super-Ego have been strengthened: her

sublimations are good: she has accepted the feminine rôle with good grace. It will however be necessary to keep her for some time longer, to make sure that she is able to control her tendency to steal when she feels insecure and wants attention.

6. EDWARD. Age 14. I.Q. 115. Diagnosis: Primary Antisocial Conduct, with neurotic character disturbance.

Family History: He was born in Canada, of elderly parents, and has one sister, Ruth, five years older than himself. His parents quarrelled incessantly, and mother brought the children to England when Edward was one year old, father subsequently dying in Canada in a mental hospital. Mother is Irish, querulous, vague about details of Edward's upbringing, critical and inconsistent in handling, though she is fond of the children and has some insight.

When Edward was six months old, he was fostered out in Canada and apparently happy with his foster-mother. At twelve months, he came to England and was immediately fostered out again until he was three. Then his mother found a living-in post as cook and took the children with her: she had little time or patience for them, they were jealous of each other and quarrelled a great deal. They had very little scope for normal activities, as they were in someone else's house. Mother changed jobs frequently, and their schooling was erratic. When Edward was about eight (when his mother began to exhibit preference for Ruth who was easier to handle) his behaviour began to deteriorate: he became a bully, aggressive yet seeking attention. From nine to ten years he was at a boarding school, then for a while at a day school, and at ten and a half he went to a famous grammar school as boarder. He gave no serious trouble there at first, but was noticed to be unhappy, morose, unable to mix well. He resented his mother's action in sending him there. She, aware that he needed a father-substitute, asked the school to help over this, but was told (she said) that the masters had no time to spare for extra attention to any one boy. After a year there, when he was eleven and a half, he stole some money in the holidays from his mother's employer (whom he thought responsible for getting him sent to the grammar school). He was bound over in Court. Two years later (now thirteen and a half) he raided an orchard in the holidays: he was committed for larceny and put on probation. During the next term, on a half-holiday, he and other boys trespassed and stole a moorhen's eggs. He knew the school would consider this a serious offence and that he would be punished by a beating. He ran away, stealing a bicycle and some food and clothing in order to get home quickly. In Court he was remanded, sent to the child guidance clinic, and finally to the hostel.

Personal History: Very little is known.

Hostel Aim: Edward had been diagnosed tentatively as a case of Primary Antisocial Conduct, possibly with deep character disturbance and certainly with neurotic traits. We were uncertain whether we could do much about the character disturbance (he was a withdrawn, effeminate boy, unlikely to make a good masculine identification now) but thought we might through a relationship with the warden's wife re-educate him to some extent. In fact, the case proved very different from our expectations.

Hostel Progress: When he arrived, he was quiet, tidy, clean. He could not

mix at all, nor respond to advances from either adults or children: the latter he rebuffed with sarcasm. He appeared then to merit Bowlby's title of 'affectionless' character, resulting from 'prolonged breaks (in the mother-child relationship) during the first three years of life' (2). Then, after a few weeks, it was clear that he was regressing to infantile behaviour. He seemed to be making his first attempts at relationship at the oral and anal levels. First he pestered the assistant matron (physically not unlike his mother) with provocative pellet-flicking behaviour, then he alternated four-year-old questioning (of the 'Why?' variety) with attempts to contact both the wardens during such activities as washing-up and floor-polishing. The staff responded as little as possible to the provocations, his questions were answered, and the boy was given opportunities to talk about any sex problems that might be on his mind. The difficulties then concentrated round food. Ever since he had arrived he had been late for meals, and finally he staged a starvation week-end with many depressive features: he did not eat at all, he was unkempt and dirty and difficult to get out of bed. This week-end coincided with a strengthening relationship with the warden's wife, and Edward's intense jealousy of her eldest son, just then home from boarding school and a new threat to Edward. She made opportunities to show Edward that she realised what was at the back of his behaviour, why he was so anxious for attention and love, and why he was jealous. This closed the starvation episode, and Edward's relationship with her was strengthened. But this in itself led on to the inevitable oedipal clash between Edward and the warden. The boy was then showing obsessional and even compulsive characteristics: he made notes about the other hostel children, his rivals, but completed none. He kept, he said, an exact tally of injustices inflicted on him by the wardens, on the 'eye for an eye' system, and informed them that he was 'one up' or 'two down' and that retribution was in store for them. If he did something outrageous, he told them he was 'evening the score'. At the same time, he begged for regular beatings, which he said, illogically, would 'keep him straight'. And gradually he worked up a campaign against the warden, jeering at him in front of the other children as a 'Sissy'—'no good'. His challenges were not merely verbal: his behaviour was dangerous, both to himself and to the other children. The situation might be technically oedipal, at the four to five year emotional level, but the boy was in fact fourteen, intelligent, cunning, big and strong. Since the safety of the other children was involved, it was obvious that if this phase could not be dealt with quickly, Edward would have to leave, with small hope of rehabilitation elsewhere.

The challenge was personally directed at the warden. Edward was obviously demanding a father-figure who could 'prove' himself to be bigger and better, tougher, more powerful and cunning than the boy. The warden is a sensitive, straightforward person, who does not rely on physical punishment; he is not unduly upset by aggressive children, but this extreme situation disturbed him very much. He well knew, after our discussions, the danger of repeating the beatings Edward had had at school and was now demanding: judging by the boy's descriptions, he had construed and possibly enjoyed these as sado-masochistic orgies, and they probably constituted the closest approach to a masculine relationship he had ever achieved. As both the warden and myself were very much aware of this, and as it was imperative that any treatment must

be backed by the warden's own belief in its efficacy, I suggested that he should treat Edward as he would treat his own son if he was defied like this: he had said he would 'knock him down'. (The warden is a good boxer, but Edward had till then avoided all friendly challenges). A few evenings later, after an impossible day, the warden did knock Edward down. Afterwards, the warden had obviously regained his own self-respect and self-confidence: Edward, as might be expected, gradually demonstrated two things. His relationship with both the wardens and also with other children had immensely improved, and his general behaviour became fairly reasonable. But, as I showed the wardens, Edward had felt the blow to be damaging (in essence, castrating): he had constant small accidents to himself or his belongings, and came to the warden for help. I also pointed out the homosexual element in Edward's attachment to the warden, and urged him to help the boy by every possible means to identify with all the most masculine elements in himself.

Almost immediately after this incident, I left. Edward had then been in the hostel nine months. He was now on good terms with the wardens and inclined to refuse suggestions or orders from any other adult. He was showing jealousy of the hostel children and of the warden's own family, but he was not very much trouble, he could take some responsibility, was getting on well at school and mixing with other children there. He was also definitely more masculine and direct in behaviour, showing an interest in girls, and even taking the trouble to protect one of the hostel girls (Ruth, who had the same name as his sister) of whom earlier he had been very jealous. It was obvious that more trouble might be expected, but I felt that very much more had been achieved than we could have hoped for. There had been no stealing since his admission.

Follow-up, six months later: Three months after I left, and one year after his admission, Edward had had an excellent report from school, was taking an entrance examination for a technical course in a nearby town to which he would travel daily from the hostel, and seemed to have settled down well, though he was often bored because he had no-one of his own age in the hostel. He was helpful and even seemed glad at times to deputise mildly for the warden. On going to the technical school, however, his behaviour apparently changed yet again. He became morose, defiantly independent, staying out late at night and giving no explanations. He was unkind to the other children, and unco-operative both at school and in the hostel. This appears to be an exaggerated but not altogether atypical reaction to his recent and unfortunately sudden independence, for which he was not emotionally ready, and which he must have interpreted in part as a rejection. His education had been a difficult problem: he was over school-leaving age, but needed further education to make good use of his intelligence: no suitable tuition was available in the immediate district. But during the past eighteen months he had worked through the emotional stages from baby to adolescent, and had had practically no stabilising 'latency' period before being plunged into an adult situation with complete freedom of action during the day and evening. The strain must have been great, and his behaviour in the hostel suggests that he feels not only rejected, but guilty, probably because of new sexual interests in the town. It should, however, be possible for the wardens to help him through this phase, as they have helped him through the others.

Comments: A full hostel of, say eighteen children, could not possibly have tolerated such an emotional disturbance in a boy so old. If he had been merely a case of Primary Antisocial Conduct with inadequate Super-Ego formation due to early separations, his progress should have been much more straightforward. It now seems likely, however, that his delinquent acts had a neurotic origin based on the distorted nature of his early relationships, and such success as we had was due mainly to allowing him first to regress to infantile emotional levels, and then to develop, through more stable relationships than he had ever known, towards a more mature personality. It will have been noted that his father was psychotic and his mother very unstable: Edward's fears in relation to these facts were discussed with him, and also his fears in relation to his elderly mother's need of masculine support—a responsibility which he knew he was not yet ready to accept. Altogether, though he was obviously not a case which could be called suitable for our particular hostel when full of children, a great deal has in fact been done to stabilize him, and he is certainly not a failure. He also demonstrates some of the possibilities of allowing a child to regress (cf. among others, Jonsson's work at the Children's village of Ska near Stockholm) before entering fully into the process of re-education.

Prognosis: Uncertain. It depends how far it is possible to help him through his present adolescent disturbances, either in the hostel, or by clinic treatment. It also depends on whether there is in fact a psychotic element in his behaviour, which in view of the family history cannot be ruled out. Nevertheless, he seems now to be able to make comparatively good object-relationships, to be much less inhibited in his activities and sublimations, and to have a considerable amount of insight.

7. PERRY. Age $9\frac{1}{2}$. I.Q.? 75. Diagnosis: not established.

Note: admitted for observation.

Family History: Mother appears to be psychotic (paranoid and delusional): she is middle-aged, unreliable, suspicious, unco-operative, restless, and without insight. Father has not been seen, but reports suggest that he also is psychopathic if not psychotic: he was discharged from the army during the war and has not worked since. Apparently he made several murderous attempts on mother and child before Perry was five: he is now living on National Assistance. Mother left him, it is not known when, and lived an unsettled life with Perry, usually in one room, sharing a bed with the boy. Perry is the only child and was unwanted, but has since become of immense emotional importance to mother: she kept a diary, full of fantasies which she read aloud to him at night.

Personal History: (Unreliable). He was breast-fed for about six months and weaning was gradual and easy. He was never very strong. His personality was queer, he was said to 'mooch' round the town, pilfering in stores, wandering in and out of private gardens, pocketing car keys from parking places and garages, tying himself up with bandages and string. If corrected, he would 'flop on the floor in a kind of illness' (this is similar to reports of father's behaviour).

Hostel Aim: Observation. It was found impossible in the clinic to distinguish Perry's fantasies from his mother's and we did not feel that his behaviour could all be attributed to the fact that he was probably 'educationally subnormal'. We wished to discover whether he could possibly make a good object-

relationship with anyone, and felt that only by separating him from his mother had we a hope of finding this out. It might, we thought, be possible to re-educate him if he could make relationships.

Hostel Progress: When he first came in, he was miserable at parting from his mother. After four days he broke into the cottage (then empty for repairs), removed the radiator valves and flooded the place, broke everything he could reach, got into the first-aid box and draped rolls of bandage all over the rooms and himself. After that his behaviour was less bizarre, but he remained solitary, unpredictable, helpless, apparently more or less deaf and dumb and absorbed in some fantasy world of his own. After a fortnight he appeared to have accepted the hostel, ate and slept well; but his behaviour was otherwise unchanged. After a month he was excluded from school for extreme and consistent rudeness to the teachers and for the theft of a watch. He improved considerably after this. He spent most of his days (in May) absorbed in fantasy in the garden, alone; but in the hostel he was brighter, more responsive, better able to do things for himself. He played among the other children though he did not really mix with them: he seemed to seek the company of the youngest. Three months after admission he asked to go to the nursery school with the four-year child of the warden's: he was trying to read. Five months after admission, during the wardens' holiday, he regressed to his earlier behaviour but on their return he gradually picked up again, went back to school, made some superficial friendships with other children, and began to be demonstrative towards the warden's wife. Mother visited and wrote regularly, and he seemed pleased but not unduly disturbed by letters or visits.

Follow-up, six months later: He is now scandalizing the neighbourhood by his bizarre and delinquent behaviour. He breaks into houses, steals, pours rat poison on to bread for human consumption, fires darning needles from pea-shooters, and in the streets is seen to be running away from imaginary persons. He has mentioned his father for the first time: 'he is laughing at me. He's out to kill me and Mum'.

Comments: This behaviour must surely be the sequel to his present strong attachment to the warden's wife, made at an infantile level. His actions seem to show regression to the anal-sadistic phase of development, in defence against the oedipal wishes reactivated by his strong attachment to the warden's wife. He has not turned any of his aggression on to the warden: his real father, who must by now be largely a fantasy figure, gets most of it. But the other children are unfortunately threatened too, and the hostel's reputation will soon be low, both with the neighbours and with the police. Perry will either have to be sent to a mental hospital or treated intensively by psychiatrist or therapist. The wardens have neither sufficient time, now that the hostel is full, nor the necessary skill and experience, to cope with the difficulties of such a case, even with advice and support.

Obviously then the case is a failure, from the treatment point of view. But as Perry was only admitted for observation, and as we have established that he can still make relationships, he ought in theory to be treatable, unless the psychotic element proves too strong in the end. The ideal would perhaps be analysis or daily therapy: for obvious reasons he should be an in-patient. His acting out is dangerous, and no special school for E.S.N. children could tolerate it. It looks

as though he will have to be sent to a mental hospital, just when he is becoming accessible from a treatment point of view.

Prognosis: In the circumstances, poor.

CONCLUSION

Selection and treatment of children: our results

We set out to re-educate most of these children, believing this to be possible in carefully selected cases, if only we could help them to make really strong relationships first. The progress of the cases described suggests that in so far as we succeeded in this primary aim, we were able to do much towards stabilizing antisocial children between five and ten years old, provided they were neither psychotics nor fully established neurotics. Older children, with similar but more firmly established problems, could apparently be helped considerably, but only if the total number of admissions were severely limited. (My impression was that even with two wardens and two resident assistants, therapy suffered as the numbers increased above twelve: the staff tired and found it more difficult to take their essential time off, and the cases had inevitably less individual attention).

We could then apparently considerably lessen the antisocial tendencies of all the children described (except Perry, who was an unsuitable case for treatment here), whether these tendencies were neurotic (or pre-neurotic) manifestations of the Primary Behaviour Disorder type or merely due to a lack of proper social adaptation and diagnosed as Primary Antisocial Conduct. Apparently the latter (Val, for example) improve because for the first time they are offered, by people they love and who love them, social standards to uphold: in the process their Egos and Super-Egos develop to cope with instinctual demands, hitherto irresistible. In the former group the children (Matthew and Ruth), despite persisting neurotic conflict, seem to lose much of their anxiety in an easy and kindly but stable atmosphere. Simultaneously their insight develops, so that they can deal better with the anxiety which is bound to recur from time to time under stress. They are less likely after discharge to need antisocial outlets: libidinal drives may have increased through the formation of new object relationships, but Ego and Super-Ego functions are also better balanced, and they have acquired diverse sublimatory activities. Perhaps one of the mechanisms operating here is similar to that mentioned by Anna Freud recently (8), when she described how with nursery children in the process of making good object relationships with adults, the aggression seemed to be harnessed to the libido, 'and its manifestations reduced to normal quan-

tities'. In that case there would be no longer a need for extraneous anti-social behaviour.

There remain the children with a neurotic character disturbance (Pat, Billy and Edward) all of them over eight when they arrived. Why did they improve as much as they did? Available evidence from other sources suggests that after the age of six or thereabouts the basic character structure is more or less fixed. The phrase 'more or less' leaves scope for argument, and it seems likely at least that a great deal of modification if not real alteration of this structure can be achieved with careful handling. During latency the Super-Ego seems gradually to become less rigid in its demands than when it first develops, and more amenable to the influence of the personalities and 'models' available to the child (11). And during adolescence, with its physiological and psychological upheavals, strengthening and educative influences become still more important. In this hostel we did provide both 'models' and support. Even if we could not change a boy's basically feminine character into a masculine one, for instance, we could and did strengthen what masculine elements were already present, through masculine identification in a new relationship. The adjustment, though still containing a conflict, became weighted on the right side. By taking into account each child's individual and sometimes conceivably permanent problems, we could also encourage sublimatory activities and ambitions and provide openings for careers which should not make impossibly heavy demands on the personality. Moreover, the presence of the group with its parental figures must have been educative, supportive and useful as an introduction to wider social contacts later, though it is difficult to assess exactly *how* this group therapy worked.

Most of these influences we have mentioned were educational, employed in some measure by all good schools and hostels for 'normal' children. But the successful use of such methods depends upon the ability of the children to learn at all, through making strong and stable relationships with the educators. Many of our children could not make such relationships when they came to us. We had to help them to do so, before we could start any re-educative processes, and this was a psychiatric rather than an educational task. Another psychiatric aim, as has been said, was to give each child some insight into his own emotional difficulties, and to help him gradually to learn how to deal with them himself.

There is one other factor, not yet sufficiently understood, which these cases seem to illustrate and which should at least be mentioned here. Most of these hostel children regressed considerably at various stages of their stay with us, some more, some less. Our material does not justify any final conclusions, but it does make one wonder whether by allowing regression

to infantile levels where necessary, we might, if we knew more, help not only to speed up the making of relationships and identifications (as apparently in Edward's case) but also possibly to alter somewhat the basic character structure itself. We need further research in this country on these lines (at Ska, as was mentioned earlier, they are doing something of the kind). In the present state of our knowledge, however, we must assume that with children over six in whom the character structure is already neurotically disturbed, our work can only produce a modification of the existing pattern.

Surely the emphasis then should be on prevention rather than on 'cure'? Since disturbances in early relationships seem so often conducive to irreversible personality disorders, it is foolish to move young children without parents from place to place according to institution vacancies, arbitrary age-groupings and so on, and then to hope that the resultant personality disorders can be cured by hostels and schools for the maladjusted. Our own hostel can apparently provide environmental re-educative therapy with good results in selected cases, but its possibilities are at present limited. This must apply to others too, and it is worth emphasising, if only in order to discover just what the limitations are.

Selection of Wardens

On the personalities of the wardens and on their relationship with the psychiatrist largely depends the successful running of the hostel. The wardens available have rarely had either theoretical training or a personal analysis. I therefore adopted a supportive rôle regarding the principles of handling, but left the wardens complete freedom of action.

I would hesitate from so short an experience to draw many conclusions as to the characteristics to be sought or avoided when appointing married wardens. Briefly, it seems essential that wardens should be stable and intelligent persons, happily married and preferably with children of their own, really interested in their work but with good sublimatory interests outside it. People with any kind of rigid training (such as nurses or teachers of long standing) will hardly have the flexibility necessary for this work. But whatever the personalities of those selected, I found that they must be taken into account at every stage.

Contact with the families

All writers stress the importance of maintaining contact with the homes of children placed in hostels. In practice, we found that the homes of most of our children were not, before the child was admitted, capable of much modification by psychiatric social workers or others: this was indeed often

one reason for admitting the child. After admission, however, the position was slightly different. The wardens saw the parents on visiting days, and also occasionally at home: the child's progress formed a great link here. The psychiatric social worker from the clinic in the home area also visited the homes occasionally, or saw the parents in the clinic: not being involved in the inevitable parental jealousy of the wardens, she could provide an outlet for this jealousy and discuss objectively how the child was getting on and when, if at all, he should be allowed to return home.

BIBLIOGRAPHY

- (1) AICHHORN, A. (1936). 'Wayward Youth.' London: Putnam. Pp. xiii, 236.
- (2) BOWLBY, J. (1940). *Int. J. Psycho-Anal.*, **21**, 154.
- (3) BOWLBY, J. (1946). 'Forty-four Juvenile Thieves.' London: Bailliere, Tindall & Cox. Pp. 56.
- (4) BOWLBY, J. (1951). 'Maternal Care and Mental Health.' Geneva: World Health Organisation. Pp. 47.
- (5) BURLINGHAM, D. & FREUD, A. (1942). 'Young Children in Wartime.' London: George Allen & Unwin Ltd., for the New Era. Pp. 81.
- (6) BURLINGHAM, D. & FREUD, A. (1943). 'Infants Without Families.' London: George Allen & Unwin Ltd. Pp. 108.
- (7) FREUD, A. (1937). 'The Ego and the Mechanisms of Defence.' London: Hogarth Press. Pp. x, 196.
- (8) FREUD, A. (1951). 'Observations on Child Development.' In, 'The Psychoanalytic Study of the Child.' **VI**, 24.
- (9) FRIEDLANDER, K. (1946). 'Psychoanalytic Orientation in Child Guidance Work.' In, 'The Psychoanalytic Study of the Child.' **II**, Pp. 343-357.
- (10) FRIEDLANDER, K. (1947). 'The Psychoanalytical Approach to Juvenile Delinquency.' London: Kegan Paul. Pp. 94 and 239.
- (11) HARTMANN, KRIS & LOEWENSTEIN, (1946). 'Formation of Psychic Structure.' In, 'The Psychoanalytic Study of the Child.' **II**, Pp. 34.
- (12) ISAACS, S. (1948). 'Children in Institutions.' In, 'Childhood and After.' London: Routledge & Kegan Paul Ltd. Pp. 208-236.
- (13) SPITZ, R. A. (1945). 'Hospitalism.' In, 'The Psychoanalytic Study of the Child.' **I**, Pp. 53-74.
- (14) SPITZ, R. A. (1946). 'Anaclitic Depression.' In, 'The Psychoanalytic Study of the Child.' **II**, Pp. 313-342.
- (15) STOTT, D. H. (1950). 'Delinquency and Human Nature.' Dunfermline: Carnegie United Kingdom Trust. Pp. viii, 460.
- (16) WINNICOTT, D. W. & BRITTON, C. (1947). 'Residential Management as Treatment for Difficult Children.' In, *Human Relations*, **I**, Pp. 87-97.
- (17) WINNICOTT, D. W. & BRITTON, C. (1948). 'The Problem of Homeless Children.' In, 'Problems of Child Development.' Pp. 65-73.

THE JUVENILE COURTS AND THE CHILD GUIDANCE SERVICE

AN INVESTIGATION INTO THE USE OF THE CHILD GUIDANCE SERVICE TO THE
MAGISTRATES AND OFFICIALS OF THE JUVENILE COURTS IN THE COUNTY
OF KENT

By G. STEWART CLOUSTON
and WILLIAM LIGHTFOOT (MAIDSTONE)

INTRODUCTION

There is, without doubt, an ever-increasing tendency for the magistrates in Juvenile Courts to seek the help and advice of the Child Guidance Service before deciding upon the disposal of those children brought before them. At the same time it is common knowledge that, owing to pressure of work and the lack of adequate co-operation between the relevant authorities, the Child Guidance team, having once given its findings and recommendations tends to lose contact with the case and to hear no more about the child than a brief statement of the final decision of the Court. This state of affairs is obviously unsatisfactory and efforts have been made, in the County of Kent, to effect a closer relationship, combined with a closer exchange of information, between all the parties concerned with the judgment, disposal and treatment of the young person. In an effort to obtain closer understanding of the viewpoint of others and with a desire to avoid the easy way of saddling other departments with the responsibility for defective co-operation, the Child Guidance Clinic teams of Maidstone and Tonbridge, under the medical direction of Dr. Stewart Clouston and Dr. Vincent Smith, initiated the following investigation designed to determine the usefulness of the Child Guidance Service to both the magistrate and the young delinquent. It was necessary, at the outset of the research, to abandon all preconceived ideas of the value of the clinic service and to attempt to assess its value in an objective and dispassionate manner. All delinquents brought before any Kent Court and placed on Remand for psychiatric examination are seen at either the Maidstone or Tonbridge clinic and by one, or both, of the previously mentioned psychiatrists. The younger boys are sent to the Remand Home at Southborough and seen by Dr. Vincent Smith; the older boys see Dr. Stewart Clouston during their stay at the Harrietsham Home. In addition, a psychologist works part-time in both clinics and so acts as a link between the two psychiatrists.

METHOD

The investigation was carried out in two parts :

(1) An examination was made of all the delinquent case-histories seen at the two clinics between September, 1949 and May, 1951. A note was made of the psychiatrist's recommendation and this was compared with the actual disposal decided upon by the Court.

(2) Regarding each case seen at the Maidstone clinic between September, 1949 and May, 1951 a questionnaire was sent to Probation Officers, Approved School headmasters and/or heads of other institutions asking whether the boy showed improvement in respect of the complaint for which he had appeared at Court, or in general personality development or in social adjustment. Information was received in about 106 out of 177 Maidstone cases (60 per cent.). The impressions were checked by follow-up interviews in 18 cases and by home visits in a further 23 cases.

For purposes of comparison between the clinical recommendation and

TABLE I
(*Tonbridge clinic recommendations for the 142 junior delinquents and the Court disposal of the same group*)

<i>Clinic Recommendation</i>	<i>Court Disposal</i>	<i>Agreement or Disagreement</i>
26 Approved school	20 Approved school (77%) 5 Probation 1 Other	+ — —
64 Probation	59 Probation (92%) 3 Approved school 1 Other 1 Discharged	+ — — —
52 Miscellaneous ¹	3 Approved school 7 Probation 38 Misc. agreements 4 Discharged	— — + —
Total = 142 cases	117 Agreements (82½%) + 25 Disagreements (17½%)	

¹ 'Miscellaneous' includes recommendations for Remedial Teaching, attendances at Clinics and Hospitals, admission to Special Schools (E.S.N. and Maladjusted) but does not include recommendations for committal to Approved Schools, Probation or Discharge.

the Court disposal in both clinics, 142 junior boys between eight and twelve years were seen at Tonbridge. Maidstone clinic dealt with 177 boys all of whom were between the ages of twelve and sixteen years with the exception of 23 who lay in the nine to twelve group.

RESULTS

Tonbridge

Of the 142 reports sent to the Courts, the magistrates saw fit to implement 117 (82 per cent.) of the recommendations made by the psychiatrist.

The immediate short term purpose of the investigation was to assist probation officers, magistrates and the staff of the clinic. The two former appear to use a rough three-way classification, 'Approved School', 'Probation' or 'Something Else'. It was considered that, as the investigation was primarily intended for the Court officials, it would be better if their classification was used in the analysis.

Maidstone

One hundred and twenty five (70 per cent.) recommendations were accepted out of the 177 cases seen at this clinic.

TABLE II

(Maidstone clinic recommendations for the 177 senior delinquents and the Court disposal of the same group)

<i>Clinic Recommendation</i>	<i>Court Disposal</i>	<i>Agreement or Disagreement</i>
57 Approved school	45 Approved school (79%) 10 Probation 2 Others	+ — —
79 Probation	71 Probation (90%) 7 Approved school 1 Discharged	+ — —
41 Miscellaneous ²	9 Misc. agreements 7 Misc. disagreements 16 Approved school 6 Probation 3 Discharged	+ — — — —
Total: 177 cases	125 Agreements (70%) + 52 Disagreements (30%)	

² In this table the 41 Miscellaneous recommendations include 19 E.S.N. Schools, 13 Schools for Maladjusted children, 2 Child Guidance Clinics, 5 Hospitals, and 2 Special Training.

The higher proportion of acceptances obtained by the Tonbridge clinic may be accounted for in the following terms: (a) There is a tendency on the part of the Courts to be more lenient with the young. (b) The proportion of first offenders is higher in the lower age group. It is interesting to note that, despite the general opinion that Child Guidance Clinics tend to be too tolerant towards the delinquent, no fewer than 83 of the 316 cases referred were recommended to Approved Schools and of these, the Courts sent away only 65 boys. Of the 143 probation recommendations made by the clinics, 130 were accepted; 10 cases were sent to Approved Schools. In some instances the Court preferred probation to the clinic's recommendation of an Approved School. Many of these children were first offenders, but study of the child's personality and environment suggested that an Approved School was indicated. The Courts, however, tend to be guided by an official attitude that first offenders should not be sent to these schools. It is suggested that this attitude be reconsidered.

TABLE III
General attitude of Kent Courts to Clinic's recommendation
(Only Courts sending 10 or more cases are included)

<i>Court</i>	<i>Agreement</i>	<i>Disagreement</i>	<i>Total</i>
A	4	6	10
B	14	10	24
C	24	2	26
D	82	16	98
G	9	4	13
M	10	3	13
R	6	5	11
S	7	3	10

The correlation between the rank order of the number of cases sent by a Court and the rank order of the percentage agreement by a Court is τ (Kendall) = + 0.5 with a σ_τ of 0.29. While there is some positive association between the two orders it is not statistically significant.

At this stage the investigation on the junior boys seen at the Tonbridge clinic was discontinued owing to shortness of time available to the part-time staff. At the Maidstone clinic the enquiry was carried a stage further.

As stated earlier, a questionnaire was sent to the officials (Probation Officer, Headmaster, etc.) in charge of all the delinquents seen at the Maidstone clinic whose disposal had been anything other than discharge. The questionnaire invited the recipient to report upon the outlook and behaviour

of the child with special reference to (a) Symptoms, (b) Social Adjustment and (c) Personality. From these three viewpoints a general assessment was attempted by a member of the clinic staff. 125 replies were received of which 106 were usable; in 19 of the cases the boy had not been under the care of the official long enough for him to make a report. It soon became clear that improvement in all or part of a boy's behaviour tended to be more marked in those cases in which the Court had agreed with, and acted upon, the recommendations made by the clinic (Tables IVA and IVB). This was statistically significant at the 0.2 level.

The questionnaire method of follow-up was considered to be the only technique available, and the comparatively poor response (70 per cent.), was due partly to the difficulty in tracing the present whereabouts of many of the children. Although it was fairly easy to discover that a boy had been sent to an Approved School, it was difficult to find out to which school. Children under the care of the Children's Committee were especially difficult to trace.

TABLE IVA
Analysis of 76 Agreements
(*Senior Delinquents : Maidstone clinic*)

	<i>Symptom</i>	<i>Personality</i>	<i>Social</i>	<i>General Estimate</i>
Improved . . .	64	54	50	56 (74%)
No change . . .	4	10	12	8 (10%)
Deteriorated . .	6	12	14	12 (16%)

TABLE IVB
Analysis of 30 Disagreements
(*Senior Delinquents : Maidstone clinic*)

	<i>Symptom</i>	<i>Personality</i>	<i>Social</i>	<i>General Estimate</i>
Improved . . .	7	19	19	17 (57%)
No change . . .	1	1	2	4 (13%)
Deteriorated . .	2	10	9	9 (30%)

It was impossible to investigate the reasons why Courts agreed or disagreed with the clinic findings because so many Courts were involved, each sending a few cases (see Table III).

A further examination of the general symptomatic, social and personality changes shown by the delinquent in those cases where the Court disposal

disagreed with the clinic recommendation gave the following result (ref. Table II) :

*10 cases put on Probation after clinic's recommendation of
Approved School*

Improved...4 No change...1 Deteriorated...3
No information...2

*7 cases sent to Approved Schools after clinic's recommendation of
Probation*

Improved...4 No change...2 Deteriorated...1

These very few cases reveal a tendency towards improvement irrespective of actual disposal. This is amplified by the following observation.

Tables IVA and IVB gave separate analyses of the changes reported after the delinquent had been treated in accordance with, and in disagreement with, the clinic's recommendation. It was then decided to examine the outcomes of the system of probation and committal to Approved School, irrespective of whether the clinic had recommended it or not. Tables VA and VB show the changes reported in Social adjustment and Personality. Table VC is the general assessment made by a member of the clinic staff after examining the reports returned by the headmasters of 16 Approved Schools and 16 probation officers.

TABLE VA

*Social Adjustment after treatment (Probation or Approved School)
irrespective of clinic's recommendation*

	<i>Probation</i>	<i>Approved School</i>
Improved . . .	32 (57%)	28 (61%)
No change . . .	9 (16%)	9 (19%)
Deteriorated . . .	15 (27%)	9 (19%)

TABLE VB

*Personality changes after treatment (Probation or Approved School)
irrespective of clinic's recommendation*

	<i>Probation</i>	<i>Approved School</i>
Improved . . .	40 (67%)	29 (63%)
No change . . .	7 (12%)	8 (17%)
Deteriorated . . .	13 (21%)	9 (19%)

TABLE VC
*General outcome after treatment (Probation or Approved School)
 irrespective of clinic's recommendation*

	<i>Probation</i>	<i>Approved School</i>
Improved . . .	36 (66%)	30 (64%)
No change . . .	6 (11%)	8 (17%)
Deteriorated . . .	14 (25%)	9 (19%)

Clearly there would appear to be a general tendency to improve irrespective of the method of disposal. There is no significant difference between the results obtained by the two methods of treatment. On the other hand, the two groups, Approved Schools and Probation, might not be really comparable, since the worst cases are generally committed to an Approved School. Furthermore, the Approved School environment, with its twenty-four-hour supervision, cannot be compared with the temptations open to a boy on probation.

During the year 1950 no fewer than 1,695 boys were brought before the Kent Courts. Of these, 174, or 10 per cent., were sent to a Child Guidance Clinic for psychiatric examination. From these figures it would appear, therefore, that in the cases of 9 out of every 10 boys brought before the magistrates, the latter have no great difficulty in deciding upon suitable disposal. The remaining 10 per cent. obviously represents the tough core of problem cases where the cause of the delinquency is difficult to determine or where the Court authorities suspect that there is more to the case than at first appears. It is in the treatment of this class of referral that the clinic can be of service and assistance to the Courts. Psychiatric interviews and examinations given at the Maidstone clinic revealed five main groups of disorder which might not have been ascertained by the usual Court procedure. These were :

TABLE VI

Educational subnormality . . .	19
Emotional maladjustment . . .	13
Psychopathic personality . . .	7
Psychoses	3
Epilepsy	1
	43

In the other cases there were multiple factors or the main factor was not in doubt and could have been ascertained by the usual Court procedure. In certain cases I.Q. investigation showed levels of intelligence much higher than had hitherto been revealed by the boys in their work and general social behaviour.

Following clinical diagnosis, it was possible to arrange for specialized treatment in :

Mental hospital	4
Mental defective institution	4
Child Guidance Clinic	21
Hostels for maladjusted	2
	31

TABLE VII
Court and Clinic statistics for year 1950

	<i>Court Appearances</i>		<i>Clinic Interviews</i>		
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>As % of Court Appearances</i>
Larceny	787	46.3	119	68.4	15.1
Damage	314	18.5	8	4.6	2.4
Breaking and entering	247	14.5	17	9.8	6.9
Care and protection	74	4.4	1	0.6	1.3
Indecency	56	3.3	9	5.2	16.1
Beyond control	29	1.7	14	8.0	48.3
Breaking probation	23	1.3	5	2.9	21.7
Truancy	7	0.4	1	0.6	14.3

It would seem most reasonable that the present proportion of total referrals to the clinic should continue at the existing level. Obviously in the majority of cases no difficulty exists and it is felt that 10 per cent. represents a fair proportion and does, in fact, reflect the number of cases in which less obvious motives might be the cause of the delinquency. It would seem unreasonable, at this stage, to press for a full psychiatric examination of all the delinquents prior to their being seen by the magistrates. In any case, facilities are not available for any great increase in the number of referrals. If any increase in clinic referrals might be suggested, it would seem that more boys charged with Indecency and those in need of Care and Protection ought to be sent to the clinics.

TABLE VIII

Actual disposal of 19 cases diagnosed by the Maidstone clinic as educationally subnormal and of 13 cases judged to be maladjusted

	<i>Approved School</i>	<i>E.S.N. School</i>	<i>Probation</i>	<i>C.G.C. Maladjst.</i>	<i>Miscellaneous</i>
19 E.S.N.	8	4	4	—	3
13 Maladjusted	7	—	1	4	1

Whilst there appears to be a general, but statistically insignificant, tendency for boys to improve irrespective of disposal, the reader cannot but be struck with the unsuitability of some of the final disposals. Blame cannot be imputed to Courts, nor indeed, to any of the administrative sections dealing with children. The chief trouble lies in the totally inadequate number of places available in these special schools. Suitable schools for maladjusted children, for several reasons, are in short supply and the present trend in education would seem to suggest that this state will get worse in the years to come.

During the investigation and re-examination of the case-histories, five cases were discovered in which, because either a rapid placement could not be effected or because of the length of the waiting list, action after Court decision had been delayed for a considerable period. In all these cases the condition of the boy deteriorated. Upon the second appearance in Court, *followed by prompt disposal*, only one boy failed to show immediate improvement. As delay in placement following appearance in Court seems to act adversely upon the delinquent, it cannot be urged too strongly that, whenever possible, action of some kind, be it discharge, probation, clinic treatment or transfer to an Approved School, should be taken immediately.

In overlapping towns, children moving home over quite short distances changed their official area and probation officer. When the probation officer has made good contact with a child, there would appear urgent grounds for allowing a certain elasticity between probation officers' areas, so that handling might be continuous and prolonged.

CHECK FOLLOW-UP ON RANDOM SAMPLE OF CASES

As indicated earlier the impressions gained by the previous investigation were checked by a full follow-up on 18 cases chosen at random. This consisted of I.Q. re-testing by the psychologist, a home visit by the psychiatric social worker and a psychiatric interview by the psychiatrist. The

results of this check showed hardly any deviations from the impression gained from the questionnaire reports.

TABLE IX
(18 cases)

	<i>Improved</i>	<i>No Change</i>	<i>Deteriorated</i>
<i>Interview</i>			
Psychiatrist . . .	10	4	4
P.S.W.	12	5	1
Psychologist . . .	—	—	—
<i>Questionnaire</i>			
Probation Officer .	11	3	4
Heads Approved Schools			

A further sample of 23 were chosen, again at random ; these had a home visit only. Once again the findings showed no real discrepancy with the large-scale investigation results.

Home Visits (41 cases)

Amongst other questions, the parents were asked to give their opinion of the causal factor or factors in their child's delinquency. The replies were grouped under three headings but these were not suggested at the time of questioning. In the light of the case-history, the psychiatric social worker and the psychiatrist each made an independent assessment of those causal factors which they considered to be important in the case. As was to be expected, certain cases could not be diagnosed as falling exclusively under one heading. Column 5 (Table X) shows the number of double-cause diagnoses made by each assessor. Thus, the doctor considered 32 cases explainable by a single causal factor and 9 by a double causal factor ; the psychiatric social worker had 30 single and 11 double factor diagnoses for her 41 cases.

TABLE X
(41 cases)

	<i>Neurosis</i>	<i>Environ- ment</i>	<i>Person- ality</i>	<i>Cases Diagnosed Under</i>	
				<i>Single Cause</i>	<i>Double Cause</i>
Parents .	10	23	18	31	10
P.S.W. .	23	11	18	30	11
Doctor .	24	3	23	32	9

The parents tend to blame the environment for their boys' misbehaviour ; this factor is rated relatively unimportant by the psychiatrist, who, together with the P.S.W., tends to stress the neurotic element. Personality defect features high in all reports.

AGREEMENT BETWEEN THE PARENTS, P.S.W., AND PSYCHIATRIST
IN THE ASSESSMENT OF CAUSAL FACTORS

Table X shows that in 10 cases the parents thought the neurotic element was a cause in their boys' delinquency. The doctor considered that 24 cases were explainable by this factor, either alone or in conjunction with another. It is not possible to deduce from Table X whether the 10 cases given by the parents are included in the doctor's 24 cases or not. The following table shows the amount of common agreement between the three assessors :

TABLE XI

	<i>Parent</i>	<i>P.S.W.</i>	<i>Doctor</i>
Parent . .	—	28	17
P.S.W. . .		—	30
Doctor . .			—

It might be imagined that, as the P.S.W. and the Psychiatrist work closely together as members of a team, the influence of the psychiatrist would tend to weaken the independent assessment of the P.S.W. Out of the 41 cases so assessed, there was complete agreement between all parties as to the causal factors in only 12 cases. Complete disagreement, *i.e.* each assessor giving a different cause, was shown in 5 cases.

While there is fairly high agreement (30) between the diagnoses of the psychiatrist and the psychiatric social worker, there is also equally high agreement between the latter and the parents.

SUMMARY

(a) Out of 1,695 boys brought before Kent magistrates during 1950, 174 were referred to Child Guidance Clinics for psychiatric examination.

(b) During the years 1950-51, the magistrates agreed with 82 per cent. of the clinic reports on junior boys and with 70 per cent. of the recommendations made with respect to the senior delinquents.

(c) In unselected cases, the results of probation are similar to those of Approved Schools. Where, however, the disposal follows the clinic recommendation, the results are better. Where the disposal is against clinic recommendation the results are worse (Tables IVA and IVB).

(d) A long period of waiting following the Court's decision invariably resulted in behaviour deterioration. More Special School places are urgently needed.

(e) Parents and guardians tend to blame the environment for the boys' delinquent acts. Clinic workers stress the neurotic and personality defects present in the child. In future, study might be made of the relationship between improvement and parental attitude to causation, especially if parents of children at Approved Schools can be influenced.

(f) Clinic examination helps to distinguish educationally subnormal cases likely to improve in Approved School from those which require specific E.S.N. education. Where an E.S.N. case is sent to an Approved School with clinic agreement, the result is better than when E.S.N. children are sent despite clinic advice.

(g) Answers to questionnaires from probation officers and heads of Approved Schools were impressive in that they showed understanding of the individual boy, appreciation of psychiatric opinion, a determination to help rather than to punish the boy and a desire to gain closer contact with clinics. In replies to questionnaires only one Approved School headmaster showed antipathy, and two underlying resistances to psychiatry.

(h) Follow-up interviews and visits produced further material for analysis. For the purpose of this enquiry they showed that the results obtained by questionnaire correlated highly with those obtained by direct interview.



SECOND INTERNATIONAL COURSE IN CRIMINOLOGY

The Second International Course in Criminology, arranged by the International Society of Criminology with the support of U.N.E.S.C.O., will take place in Paris from September 14th to October 23rd, 1953, under the direction of Professor Georges Heuyer of the Medical Faculty of the University of Paris and have as its central theme the problem of "*L'Etat dangereux*". After a week of introductory lectures and visits the subject will be treated by well-known experts from various countries from the points of view of Anthropology, Psychiatry, Psychology, Sociology, Forensic Medicine, Police Science, Legislation, and applied Criminology.

Applications for admission should be made before June 15th to the Secretariat of the International Society of Criminology, 28 avenue de Friedland, Paris VIIIe. The inscription fee is 5,000 French Francs (appr. £5).

The full programme can be obtained from the Secretariat of the International Society of Criminology or from the General Secretary, I.S.T.D., 8 Bourdon Street, London, W.1.

SOME PROBLEMS OF PROBATION WORK ARISING FROM SEASONAL EMPLOYMENT IN A COASTAL HOLIDAY RESORT

By D. J. HODGES (LONDON)

There is sometimes a tendency on the part of Probation Officers working in industrial regions to think of their colleagues in popular seaside resorts as having only a negligible amount of work to do, and that they are thus enabled to spend most of their time either swimming or fishing! Nothing is farther from the truth. The task of an officer in this type of area is as arduous and worrying as anywhere else and presents special problems arising out of the seasonal nature of the employment, that do not obtain 'inland'.

There are two distinct cyclical phases in the social life of seaside towns. These are the holiday season, which, on the South-East coast is May-September approximately: and the rest of the year—or the 'winter'. The first is of primary importance to the local community as it is upon trading during this period that the economic life of the region depends. During the height of the season, the town is filled with hustling crowds of holiday-makers and hundreds of coaches arrive daily filled with 'trippers'. In the town in which I had the pleasure of working, in the first week of August 1952, there was an influx of no less than 100,000 holiday-makers into the township of 40,000 population. There is ample work available for everyone. Then, when the season has ended, the crowds disappear, the pleasure ships are laid-up, the amusement parks close, the shops along the sea-front put up their shutters, and for many hundreds of people work becomes impossible to obtain. The town has begun its annual hibernation. The main topic of conversation amongst the employers is whether or not the season has been profitable, and the impression that many proprietors of hotels and boarding houses give, when questioned, is that, like farmers, they have usually had a 'bad season' yet 'just manage' to afford a prolonged winter holiday on the Continent afterwards. For the catering staffs, there is once more the dread of months of idleness.

There are two periods of short duration when the town is roused from its slumbers to cater for those who prefer to spend Christmas by the sea, and those who visit during the Easter recess. Employment is then available

for a few days for a few people. However, the season does not begin in earnest until Whitsun.

The inhabitants comprising the population fall into two distinct social groupings. Firstly, there are the permanent residents—a static group. The majority are in local employment, some are retired, some merely using the town for dormitory purposes, travelling daily to the Metropolis for their work. Secondly, there is a large transitory fluid population who visit either as holiday-makers or for the purpose of obtaining seasonal employment. The holiday-makers are as a rule exceedingly well-behaved and rarely come into conflict with the police for any crime more heinous than speeding and parking offences. The seasonal workers are not such a stable group, but of these I shall have more to say later.

It is a cardinal principle of popular seaside resorts that they must be clean and smokeless and in character and appearance as far removed as possible from the industrial areas from which the holiday-makers are escaping for a 'change and a rest'. Attempts to introduce any large scale industry are met with opposition couched in such emotionally-toned phrases as 'belching chimneys blackening the beauty of the town'—an expression of the fear of a decline in the basic industry of catering. Correlated to this is the fact that during the season, all hands are needed to cope with the holiday trade. If the available men and women were absorbed into other industries, it is held that there would be a serious labour shortage in the catering trade when it is most vitally needed. These two points of view crystallise the opposition to large-scale industrial development.

Work is plentiful and well-paid in the season. One man under my supervision went to the Employment Exchange during July, where he was offered a choice of 20 jobs. There is at this time no difficulty in insisting that the probationer 'leads an industrious life' or of assisting in the rehabilitation of offenders released from Prisons, Borstals or Approved Schools from the point of view of employment.

Then the Season comes to a close. One's charges begin to arrive with the inevitable phrase 'My job's ending next week'. Winter has arrived in mid-September. There are frantic efforts by workers to retain their jobs in the hotels who employ skeleton staffs during the winter, but these are few and far between. The chances of obtaining employment during the out-of-season period are very few indeed, and the nearest large-scale industry is 30 miles away. To quote from a Press report of November 1952 '632 men and 325 women were unemployed during October. Of these men, 406 were from the Catering trades, 54 from distributive trades'. This situation has been common for so long that it is considered and accepted by the natives as an integral part of the character of the seaside town. I feel that it is

because this pattern of lack of opportunity for work is considered to be normal that there is no marked increase in crime and delinquency during the winter in comparison with the summer months.

There are great difficulties in the field of juvenile employment, and the efforts of the Youth Employment Officers deserve great praise. To be faced with a large number of school-leavers at the end of the Michaelmas Term all awaiting employment when little or none is available is a very onerous task. Many young persons desire to take up apprenticeships or enter particular trades with little hope of their wishes being fulfilled. Some have special aptitudes for certain kinds of work, yet no facilities exist for training, and 'square pegs in round holes' are frequent. A man of considerable influence in the town stated to me 'I was faced with this problem with my sons—were they to go into blind-alley jobs until their call-up for Military Service or leave the area for proper industrial training? They went, yet no parents like their children to be away from their personal supervision and guidance at such an early impressionable age'. Such fears are justified: in several instances, youths have appeared before the Court who had been working and residing away from home, where the absence of close parental supervision was a factor in their delinquency. The position regarding juvenile employment is officially described as 'depressing'—'by the end of December hardly any firms were willing to recruit labour'—'young people were discouraged from taking seasonal posts—but nothing else was available'.

From the point of view of the Probation Officer, the difficulties arising from this unbalanced employment position are many.

First, since it is the general view that one cannot pin one's hopes upon possible relief from the aggravated employment position during the winter months, a desperate effort is made to try to earn as much money as humanly possible during the season. Therefore, one's adult probationers work very long hours, often on seven days a week. They are unable to report for advice, or be available for interview in their own homes. They do, from time to time, snatch a brief five minutes to chat when they are able. It is not possible, however, to insist upon regular reporting as this might entail loss of wages, with disadvantage to the individual and his family during the winter months. A Probationer or After-Care case may be in need of urgent intensive case-work but his usual wish is that this should be shelved until the end of the season, as he has no time to spare. I have encountered instances of persons attending as out-patients at psychiatric clinics, where, after waiting several weeks or months, much needed treatment had commenced, and this has had to be suspended on account of the inability of the individual to attend. The Probation Officer is faced with

this problem. Even though it is legal, in accordance with the terms of the Probation Order, is it wise to insist that psychiatric treatment be maintained when the individual may be one of a team of workers and his employer is unwilling to allow him to take time off to attend for treatment, due to pressure of business? The probationer may lose his job if he insists on this privilege and one knows that he needs to earn every penny he can in order to keep his head above water financially during the winter months. In such a situation, he is not a willing and co-operative patient, and is not likely to benefit fully from treatment.

During the holiday season, in most of the families that the Probation Officer visits concerning juvenile charges, both parents are in employment for long hours each day. This means, in many instances, a complete lack of parental control and supervision of the children. The father of a boy aged 13 years worked from 8 a.m.-7 p.m. and the mother from 10 a.m.-10 p.m. The boy was left to his own devices and given 30/- p.w. to obtain food and amusement during the summer holidays. The seaside town during the season is given over almost entirely to the provision of facilities for pleasure and it is found that the fun-fairs and amusement arcades are the main attraction for the young delinquent with time on his hands and a craving for excitement. A number of instances have occurred where the proceeds of larcenies have been expended in this way. Those employed in the catering industry have to work exceptionally hard during the season, and owing to their excessive tiredness and nervous strain home discipline is apt to be very rough and ready when the parents *are* at home. This is particularly evident in the case of children of proprietors of boarding establishments, where the parents are entirely dependent on the profits of their 4-5 month season for their income. Their lives have to be given over almost entirely to their business, and hard work from 5 a.m.-1 a.m. daily is common. The parents of one boy aged 12 years who was on probation under my care had evolved a peculiar system of family management. They stated that while they could have shown the boy affection and interest during the winter months, as it was inevitable that he would miss this affection while they were busy during the summer and had no time for the child's needs, they thought it best to refrain from normal parental affection completely! This may be an isolated incident, but it is indicative of the lack of balance in family life.

Perhaps the most difficult problem of the Probation Officer in the coastal resort arises out of the transitory population during the summer months. The beginning of the season is heralded by the 'drifters'—a colloquial term which I found applicable to this group of people. In one year, in May, no less than eight men presented themselves to the Probation

Office in three days, all with the same story. 'I have been in trouble, I have hitch-hiked here, I want a seasonal job, I've got no money, nowhere to go, I slept on the beach (or in a railway carriage in the sidings) last night, I'm hungry. Can you help me?' They inevitably arrive long before the season is due to begin. Some were under official supervision (Probation, After-Care, Section 22 Criminal Justice Act 1948). Those who were not were given the addresses of lodgings, informed as to employment prospects, where to draw National Assistance, and given 5/- from the Police Court Mission for a meal and shelter, with an offer of further advice if needed.

Most Probation Officers, having fore-knowledge that their charges intend to visit the coast for work, give the local Officer some advanced information that the individual is likely to report. However, I shall not forget one man aged over 60 years with 19 previous convictions, who came to the office at 8 p.m. in the height of the season, when accommodation everywhere was very full, with a note in his hand 'This is to introduce Bill. He is on Probation and wants seasonal work on the coast. Can you please fix him up'. He was dressed like a tramp, had no money, and nowhere to go! I would add, in fairness, that when he gave the man the letter of introduction, the Officer did not anticipate for one moment that he would travel to the coast on the same afternoon.

Many individuals on Probation, or After-Care Supervision from Courts all over the country, arrive for seasonal employment during the summer months, and supervision is transferred to the local Officer. This presents a number of problems, in that it is often very difficult to establish a satisfactory rapport with these charges. From the point of view of casework it is of little value to visit their lodgings or the Staff quarters of the hotels in which they obtain work—indeed, they might lose their jobs as a consequence: and their ability to maintain contact by reporting to the office is curtailed by their anxiety to work as many hours as possible to earn maximum wages. Then, when a relationship has been established, the season ends, they leave the town for inland employment, and the whole process of transfer in reverse is put into operation, entailing no small amount of administrative work. In one instance, a man of 'no fixed abode' appeared before a Court in London and stated that employment was guaranteed for him in my coastal town. I confirmed this, and he was placed on Probation directly under my supervision. He did not arrive, and a warrant had to be issued for his arrest, even though I had never seen him. On another occasion, by the time an Amending Order had been made transferring a man to my care, he had already left and arrived at a Northern town. Another man disappeared after one week, a warrant was issued, and he

later was found travelling from town to town in the Midlands.

Many of the persons who come into a coastal town for seasonal employment run into conflict with the Police. Some have bad records and when they commit further offences while employed in positions of trust in hotels, they are dealt with accordingly by the Courts. Others are temperamentally unstable, inadequate personalities who have been in trouble from time to time for petty pilfering, cannot hold down a regular job, and drift from town to town, unable to grow any social roots. They are, at times, given a chance to re-adjust by being placed on Probation by the local Courts. When they are released, they are usually without work, money, and accommodation (as in any other town), but the initial problems of rehabilitation are often more difficult, as there is only one industry—the catering trade, and the employers, although most co-operative, have a duty to their clients and are somewhat cautious in their selection of staff. A man was placed on Probation on a Saturday morning for persistently wandering abroad. The first problem was one of accommodation. This was extremely difficult to find as it was the height of the season. I have on occasions, literally knocked on all the doors of a street with an entreaty to the woman of the house to give a man shelter. This probationer having ‘lived rough’ was dressed like a tramp, and no employer would have considered him until he was cleaned-up and made presentable.

The lack of employment during the winter months is particularly serious in relation to the re-habilitation of persons from prisons, Borstals, and Approved Schools. The difficulties cannot be stressed strongly enough and it is essential that the Officer should have several weeks’ notice of intended release in order to try to make some arrangements regarding work, if the value of the expensive training is not to be lost by months of inactivity owing to unemployment. Even then he may not be successful. One youth had been sent to a Probation Hostel for twelve months. The local Supervising Court considered that his progress merited his release at the end of six months and he returned home in November. He was aged 20 years, and was unfit for military service owing to discharge of the ears. He was unwilling to travel daily out of the area for work, though this was available. There was no local job for him despite all efforts to arrange this, and he was content to draw benefit and to remain idle for six months until May of the following year!

This raises a very important problem. An individual is entitled to claim benefit from the Ministry of Labour if he registers for work and none is available ‘within daily travelling distance’. If he refuses to accept work, he is liable to lose benefit. It is the policy of the Ministry of Labour in coastal areas to encourage persons who have no family responsibilities

which necessitate their remaining in the town, to seek employment further afield where labour is needed. Refusal may result in loss of benefit. If, however, the man has family obligations, he cannot be expected or forced to work at a distance, owing to the housing shortage. The large industry nearest to my coastal resort was 30 miles. As the above-mentioned youth had a sick and widowed mother, his claim that he was needed in the home in order to assist her and the younger children, was upheld, and thus no pressure could be brought to bear upon him to induce him to move away for employment. Some probationers made magnificent efforts, travelling over 100 miles a day, rather than be out of work, but this entails a severe physical strain, and many preferred to remain idle. One Probationer, with several children, said quite frankly that he existed quite comfortably with the National Assistance subsidising his rent, and he did not intend to travel for employment unless he was offered at least £600 p.a., as it was not worth the effort. In fact, he did not do so and did nothing for six months. The Probation Officer's hands are completely tied under such circumstances.

What is the answer to this problem of seasonal employment? In coastal towns, there are thousands idle for many months of the year through no fault of their own, whilst the national economic situation calls for a maximum effort by all towards greater production.

The problem of the seasonal worker temporarily residing in the coastal town will be ever present, but some of the difficulties could be ameliorated if, at least, temporary sleeping accommodation could be provided. This is a local civic responsibility. Hostels could be operated from Easter-October to cater for those seeking employment. Existing Nissen hutted accommodation might be used, and the benefits would far exceed the small expense entailed. At present, there are only third-rate lodging houses available, where more often than not a man trying to 'go straight' is thrown into the company of thieves and prostitutes.

Employment for the static population would require more long-term planning and many divergent points of view are expressed as to the solution of the problem. There are 27 light industries in the town of which I have had experience, but still there are 950 persons unemployed. Brighton—'London by the sea', has several thousands unemployed during the winter months. Some suggest that the introduction of heavy industry would be the only adequate solution, bringing all-the-year-round prosperity to the town. Others consider that the Municipal authorities, who have already entered the field of catering, should enter that of industry and produce, during the winter, goods needed for the seaside holidays—buckets, spades, souvenirs, fancy goods, etc., instead of these having to be purchased from

distant industrial areas. The Municipal authorities could afford to slow-down production during the summer months, and release labour for the catering trade. No privately financed group could have its plant laying idle for this period. The profits of such an undertaking, albeit small, would serve to reduce the heavy general rate (now 23s. 8d. in the £) and there would be a great cut in expenditure from Ministry of Labour and National Assistance Funds.

This short account is intended to convey some of the problems of probation work in a seaside resort, but in order that there should be no misunderstanding, may I say that the Probation Officer, being a member of such a closely integrated social group as are the inhabitants of a seaside town, works in an atmosphere of happy co-operation with the agents of all the other social services, and his lot is extremely pleasant.

Modern techniques in education have already proved superior to older mass methods, particularly where prejudices are to be overcome and attitudes altered.

These two problems vitally concern members of the I.S.T.D., yet the many disciplines represented may make it difficult to find a common forum for the interchange of ideas. The Central Council for Health Education provides an opportunity for this at its Annual Summer School which is attended by key representatives of the Health and Education Services and all workers in the fields of social sciences both in the United Kingdom and abroad.

An attractive social programme is combined with a valuable and interesting course. A prominent feature of the School is group discussion under the guidance of expert tutors and instruction in the use of visual aids in adult education. This experience emphasises the value of group methods which participants are always anxious to put into effect in their own schemes.

The 1953 Summer School is being held from 10th to 20th August at Royal Holloway College, Englefield Green, Surrey, and the inclusive fee for tuition and residence is sixteen Guineas. Further particulars about this School can be obtained from the Medical Director, The Central Council for Health Education, Tavistock House, Tavistock Square, London, W.C.1.

RESEARCH AND METHODOLOGY¹

A VALIDATION OF GLUECK SOCIAL PREDICTION SCALE FOR PRONENESS TO DELINQUENCY

Since the publication in 1950 of *Unraveling Juvenile Delinquency* by Professor Sheldon Glueck and Dr. Eleanor T. Glueck of the Harvard Law School, considerable interest has been shown in a particular aspect of their study, namely, the method of identifying juvenile delinquents through their predictive tables. As described in their book, the Gluecks have developed predictive instruments through which one may be able to detect potential young offenders as early as the time they enter school, so that proper remedial treatment can be applied before delinquent behaviour develops or becomes fixed.

The introduction of these prognostic methods into the field of juvenile delinquency has naturally raised questions in the minds of a number of interested authorities concerning their validity and the feasibility of their application. It is therefore of some importance to test the validity of these predictive scales in order to ascertain their value in the general scheme of delinquency prevention.

Method of Testing the Validity of Glueck Social Prediction Scale. To test the Glueck Social Prediction Scale² the most feasible method was to apply it to an independent sample of boys and check the results to determine whether this new series of cases could have been correctly differentiated as potential delinquents or non-delinquents. Fortunately an opportunity presented itself for such a testing, on cases that were part of a research generally known as the Cambridge-Somerville (Massachusetts) Youth Study, hereinafter referred to as CSYS³. These cases furnish a unique basis for a testing of the Glueck Social Prediction Scale, since the answer would be found in the CSYS files whether the boys initially chosen as non-delinquents and as pre-delinquents actually turned out to be such; and whether, had the Glueck scale been applied when the boys were first being

¹ This note is a digest of a thesis presented in the Department of Social Relations of Harvard University for Senior Honors in June, 1952. A copy of the thesis entitled 'Validating the Glueck Social Table for Predicting Juvenile Delinquency' is available in the Social Relations Library, Harvard University. Because of space limitations, the author has been unable to include many tables and more detailed supporting data in this summary presentation. A somewhat fuller article with footnotes, upon which this Note is based, was published in the *Journal of Criminal Law, Criminology and Police Science*, November-December 1952, which has given permission to publish this Note.

The study is based on cases from the Cambridge-Somerville Youth Study which were reported in the book *An Experiment in the Prevention of Delinquency*, by Edwin Powers and Helen Witmer (Columbia University Press, 1951). The writer of the present article carried out this prediction validation study under the direction of Mr. Edwin Powers, who was Visiting Lecturer in Criminology in the Department of Social Relations at Harvard in the academic year 1951-52. The writer is also engaged in studying a series of boys with a view to checking further the validity of the Glueck Social Prediction Scale as published in *Unraveling Juvenile Delinquency* (Chapter XX).

² The Scale is reproduced in this Journal, Vol. II, pp. 275 *et seq.*—Ed.

³ See the 'Critical Notice' in this Journal, Vol. III, pp. 209 *et seq.*—Ed.

selected, the cases would have been *more*, or *less*, accurately designated as pre-delinquents or non-delinquents than they were by the CSYS Selection Committee.

In securing data on a sample of 100 boys directly from the records of the CSYS, the writer selected every fifth case folder in the files until he had gone through both treatment and control groups, which were kept in alphabetical order. During this first selection he examined each folder to determine the adequacy and completeness of the data for use in the present inquiry. Any folder that did not appear to have sufficient material for all of the five social factors in the Glueck table was eliminated and the next folder was drawn. When the number of cases fell short of the necessary total after going through the files the first time, the writer repeated the process, this time removing every single case that appeared to have sufficient data until the required number was reached. Actually, a total of 166 cases was drawn from a group of 750 folders, so as to allow further elimination. From these 166 cases 100 boys were finally selected on whom completely adequate data were available for the purpose of applying the Glueck table. It must be kept in mind that the CSYS was not set up with the view to a check-up, some day, of the Glueck Social Prediction Scale, so that the case records were not infrequently deficient in the raw data on which the scorings had to be made. The method of sampling used in this investigation is of course not ideal, since the practice of selecting every fifth case had to be abandoned the second time the writer went through the files. The selection process, however, was based solely on *completeness of data*.

From all the case folders selected the writer obtained the necessary information relative to the five social factors in the Glueck prediction table. No notation whatsoever was made of a boy's misbehaviour manifestations or of any attitudes of the parents or teachers toward him which might reveal an already-established pattern of delinquent conduct to the scorer of the data for predictive purposes; the writer merely copied verbatim any data pertinent to the five predictive factors of the Glueck scale so eliminating any possibility that the scoring itself would be prejudiced by any knowledge whatsoever of a boy's behaviour.

Dr. Eleanor T. Glueck, co-author with Professor Sheldon Glueck, of *Unraveling Juvenile Delinquency*, scored the cases on the basis of the above information, to determine what the likelihood was that they were true pre-delinquents or true non-delinquents at the time when they were originally included in the Cambridge-Somerville Youth Study. The only information that accompanied the form sheets turned over to Dr. Glueck on which the above-mentioned data had been entered were the age of the boy and the date of the home investigation which had been made in connection with the CSYS. She did not seek or have access to the case folders prepared by the CSYS or to records of the behaviour of the boys over the years either prior to or following their inclusion in the CSYS.

The main source of the data compiled by the writer from each case folder of the CSYS was a Home Visitor's Questionnaire containing detailed information about the boy and his family, which had been obtained in a personal interview by a social worker with his mother and in some cases with his father or other members of his family. Further information was gathered from other sources found in the folders: results of an interview with the boy's teacher; a schedule filled out by the doctor and nurse during the boy's physical examination at school; and summaries of records, if any, about the boy and his family culled from the

files of social agencies. Only *after* the prediction scorings on all the 100 boys in the present sample had been completed by Dr. Glueck, did she ask for the *actual* subsequent behaviour of each boy, that is, from the point following his original inclusion in the CSYS and up to his 17th birthday. This was then checked by the writer. There were already considerable data in the CSYS files on most of the cases. The CSYS research staff had followed up all their subjects over a period of ten years since the project had started. They had cleared the cases through the Massachusetts Board of Probation (a central clearinghouse of court records) for any official criminal records up to 1949. Another source of information was the running record of each boy kept for the purpose of the CSYS. The third source was in the follow-up interviews which the CSYS had carried out with every boy.

To determine the classification of a boy as a non-delinquent or delinquent on the basis of his subsequent behaviour, the writer employed the Glueck's definition of delinquency. As they put it, 'delinquency refers to repeated acts of a kind which when committed by persons beyond the statutory juvenile court age of sixteen are punishable as crimes (either felonies or misdemeanors)—except for a few instances of persistent stubbornness, truancy, running away, associating with immoral persons, and the like. Children who once or twice during the period of growing up in an excitingly attractive milieu steal a toy in a ten-cent store, sneak into a subway or motion picture theatre, play hooky, and the like and soon out-grow such peccadilloes are not true delinquents even though they have violated the law. In other words, any boy who committed a serious offence, or who in fact persistently committed delinquencies for which he was not necessarily apprehended, was considered a delinquent. The definition of delinquency as used here differs in some respects from that of the CSYS as described in *An Experiment in the Prevention of Delinquency* (pp. 174-186). The present writer viewed his findings on the basis of both the Glueck and the CSYS definitions, suitably resolving any differences in co-operation with Mr. Edwin Powers, one of the co-authors of the CSYS project.

It was found as a result of the follow-up investigation that of the 100 boys in the present sample, only 20 ultimately became delinquents, despite the intensive search on the part of the CSYS Selection Committee for pre-delinquents. According to 'follow-up' information that was available (as of 1948), ten of the 20 delinquents had been committed to one or both of the two Massachusetts training schools for delinquents and five of these ten were ultimately incarcerated in a state prison.

Before presenting the findings as to the usefulness of the Glueck Social Prediction Scale in ascertaining who were the true pre-delinquents and who the future non-delinquents in the present sample, consideration should be given as to how they were initially labelled as pre-delinquent or non-delinquent by the Selection Committee of Three set up by the CSYS to assist in the original selection of the boys for inclusion in the CSYS. One member was a psychiatrist who had had many years of experience in treating delinquents and the other two were social case workers with special training in criminology. The function of the Committee was to determine whether or not a boy considered for inclusion in the CSYS was or was not a potential delinquent. The Committee had available comprehensive case studies on each boy including information about his personality, his family environment, and his school adjustment. In contrast with the Glueck Prediction

scale the Committee did not make its predictions by mathematically computing weighted variables. What they used was an 11-point scale of their own. A rating of -5 indicated the greatest probability of a boy's becoming delinquent; the rating of $+5$ indicated an equal probability that a boy would not develop a delinquent career during the intervening years up to the age of seventeen. Between these two extremes of -5 and $+5$ were varying degrees of probability of delinquency or non-delinquency, with zero constituting the mid-point or *neutral* classification. The three experts made their predictions independently of one another, but when their ratings did not coincide on a particular case they met and discussed them until at least two of the three members were in agreement. If two of them alone made independent ratings on a case and agreed, their identical score was regarded as final and the third member was recorded as 'not voting'. But if these judgments did not coincide, the third member was called in and a final rating was made.

Inspection of the list of factors used by the Committee shows that not only did the three Committee members base their predictions on a much larger number of factors than those in the Glueck table (in which there are only five), but they took into account *the behaviour of the boy*, which information was purposely not presented to Dr. Glueck when she made her prediction scorings. The important point in presenting the Selection Committee's predictive ratings in the present inquiry is that they serve as a basis of comparison with the efficacy of the Glueck Social Prediction Scale. Since this table is dependent upon weighted variables, while the Committee members based their predictions largely on clinical experience and a wide range of information already gathered about the boys by the social investigators of the CSYS, we have here, as already mentioned, a unique opportunity to determine not only the value of the Glueck prediction method but also whether it has a greater or lesser prognostic power than the expert judgment of the Selection Committee, comprised as it was of a psychiatrist and two social workers all highly experienced in dealing with delinquents.

Findings. Now the focus of our attention is, in the first place, on the accuracy with which the Glueck Social Prediction Scale was able to identify those boys between the ages of 6 and 12 when they were first chosen by the CSYS Selection Committee for inclusion in the research either as 'average' (non-delinquent) boys or as potential delinquents, who in the light of later developments and intensive follow-up of their behaviour (regardless of whether they were in the treated or in the control group), actually did or did not develop delinquent careers. In the second place the focus of attention is in comparing the predictive accuracy of the Glueck Social Prediction Scale and the predictions made by a clinical group of experts who had available to them a great deal of information about the boys before categorizing them as 'average' (non-delinquent) or as pre-delinquent.

It has already been stated that the 100 cases were scored by Dr. Eleanor Glueck without access to any data other than those pertaining to the five factors comprising the Social Prediction Scale (see Table 1) and that she had no information whatsoever about the behaviour of the boys at any stage in their lives. In several instances the writer was requested to search for additional data on certain points in order that doubtful scorings might be definitely clarified.

In Table 1 the 100 cases are described on the basis of the scorings made by the Glueck Social Prediction Scale. The number and percentage of accurate pre-

dictions by the Glueck scale are indicated in the light of the actual behaviour of the boys as revealed by the 'follow-up' investigation covering their life-span from birth until at least the age of 17. The cases are distributed into two classes.

TABLE I

Accuracy of Glueck Social Prediction Scale in Differentiating During the Ages 6-12 years, between Pre-Delinquents and Non-Delinquents among 100 CSYS Cases

<i>Score</i>	<i>Non-Del.</i>	<i>Del.</i>	<i>Total</i>	<i>Percentage Accurately Predicted</i>
Under 250 . . .	73	2	75	97.3
250 and over . . .	7	18	25	72.0
	80	20	100	

Using as a 'cutting-off' point between non-delinquency and delinquency boys who scored under 250, meaning that their likelihood of delinquency was very small ($3\frac{1}{2}$ or less in 10 chances) on the one hand, and those scoring 250 and over in the other group, meaning that their chances of delinquency were high (from $6\frac{1}{2}$ to 9 in ten), the writer found that of 75 boys scored by the Glueck scale as having a low chance of delinquency, 73 boys actually never did become delinquent; while of 25 boys who were scored by the Glueck scale as potential delinquents, 18 boys actually proved to be delinquents. Thus a total of 91 out of the 100 boys (91 per cent) were correctly identified by the Glueck scale either as non-delinquents or as pre-delinquents. It might well be noted here that 4 of 7 boys who were in the above mentioned group of 25 scored as potential delinquents, but did not turn out to be such, had been in the CSYS 'treated' group—two of them receiving treatment for four years, one for five years, and one for six years. Hence, it is not entirely unlikely that these four had perhaps benefited from their counsellors' efforts to such an extent that they maintained careers of non-delinquency instead of developing careers of delinquency, which would probably have been their lot had they not been treated. However, among all the 100 cases in the present study, 52 were in the CSYS control group and 48 in the treated group. Of the 52 controls, 92.3 per cent were accurately predicted by the Glueck table. Of the 48 treated boys, 89.6 per cent were correctly designated by the scale.

We are turning now to the predictions of pre-delinquency and non-delinquency made by the CSYS Selection Committee in contrast with the results achieved by the Glueck prediction scale. Since the Committee's method of prediction was based on an eleven-point rating scale, it was necessary to devise a means of making the three members' prediction results comparable to those derived by the Glueck scale. For the purpose of this study, the writer classified all minus ratings as pre-delinquents and all plus ratings as non-delinquents, omitting the neutral

classifications (zero) from consideration. Thus the differentiation between minus and plus ratings served as the cutting-off point, comparable with the Glueck's score *under 250* and the score *250 and over*.

It is seen in Table 2 that the predictions of Member 1 proved to be correct in 65.3 per cent; of Member 2 in 61.5 per cent; and of Member 3 in 65.1 per cent.

TABLE II

Comparison of Predictive Accuracy of Glueck Social Prediction Scale with Judgments made by Three-Member CSYS Selection Committee

<i>Prognosticators</i>	<i>Number of Cases *</i>	<i>Number Accurately Predicted</i>	<i>Percent Accurately Predicted</i>
Committee Member 1 . . .	95	62	65.3
Committee Member 2 . . .	91	56	61.5
Committee Member 3 . . .	83	54	65.1
Glueck Scale	100	91	91.0

* The Committee Members had been, for one reason or another, unable to make judgments on all the 100 cases. The reasons are fully stated in the writer's thesis.

It is clear from this table that the Glueck prediction scale had considerably greater predictive power than did the members of the CSYS Selection Committee. This is further confirmed when, out of the 100 cases utilized in the writer's analysis, only those 77 are examined in which *all* four prognosticators made judgments. Member 1 of the Selection Committee predicted accurately in 67.5 per cent of the 77 cases, Member 2 in 62.3 per cent, and Member 3 in 66.2 per cent; while the Glueck scale predicted correctly in 89.6 per cent.

We next view the efficacy of the Glueck predictive instrument as compared with that of a group of three clinicians in the light, not of the predicted results as related to the actual subsequent conduct of the 100 boys, but of *the subsequent conduct of these boys as related to the predicted results*. It is seen in Table 3 that the 20 boys who actually became delinquents were detected with equal accuracy by both the Glueck scale and the three Committee members. On the other hand, the 80 boys who actually proved non-delinquents were most accurately identified by the Glueck scale, but not as successfully by the three Committee members. The relative inaccuracy of the Selection Committee's identification of the proved non-delinquents is reflected largely in their classifying over 50 per cent of the 100 cases as pre-delinquents at the time they were selecting them for inclusion in their research. This, despite the fact that the Committee had, among the data supplied them by the CSYS staff, information pertaining to all misbehaviour manifestations, as reported by teachers, parents, social workers, or the police. It has already been stated that such information was not available to Dr. Eleanor Glueck in making the prediction scorings.

TABLE III

Actual Subsequent Conduct of 100 CSYS Cases as Related to the Predicted Results of Glueck Social Prediction Scale and Three-Member CSYS Selection Committee

Actual Subsequent Conduct of 100 Boys	Glueck Prediction Scale	CSYS Predictions		
		Member 1	Member 2	Member 3
80 remained non-delinquent Number accurately predicted	73 (out of 80 cases)	44 (out of 75 cases)	38 (out of 71 cases)	37 (out of 65 cases)
Per cent. accurately predicted	91.3%	58.7%	53.5%	56.9%
20 became delinquent Number accurately predicted	18 (out of 20 cases)	18 (out of 20 cases)	18 (out of 20 cases)	17 (out of 18 cases)
Per cent. accurately predicted	90.0%	90.0%	90.0%	94.4%

The value of the Glueck predictive method can be better judged, however, by examining its results in the case of those boys who were eventually committed to one or both of the two Massachusetts training schools. There were ten such boys, and *all* were correctly identified by the Glueck scale between the ages of 6 and 12 years (5 of these 10 were later committed to state prisons). It may be noted that the three members of the Selection Committee also successfully identified all of these ten boys. It must be remembered, however, that these clinicians who made the identifications had available to them data about the behaviour of the boys; while in applying the Social Prediction Scale Dr. Eleanor Glueck was able in a few minutes to make the correct scorings without having any information about the boys or their families except that dealing with the five predictive factors making up the scale.

Some Basic Questions. Questions have been raised by a number of social scientists in regard to the efficacy of the Glueck Social Prediction Scale when applied to boys who differ in various respects from the make-up of the boys on whom the table was initially constructed. *Although the numbers on which the following analyses are based are small, they may serve as exploratory clues toward further studies.*

1. *Will the Glueck table, based as it is on boys eleven to seventeen years old, predict delinquency and non-delinquency of boys in younger age-groups?* Of the 32 boys who were six or seven years old when the CSYS study began, 90.6 per cent were accurately identified by the Glueck scale as either non-delinquents or pre-delinquents. Of 32 boys who were eight or nine years old, a like percentage of accuracy (90.6 per cent) was achieved. Of 34 boys who were ten and eleven years old, 91.2 per cent were correctly designated. This finding would indicate that the Glueck table has a high reliability when applied to boys in younger age levels.

2. *Will the Glueck scale, based as it is on the control of ethnic origin (the majority of the boys in the Glueck research were of Irish, Italian and English descent) predict delinquency among boys of a different ethnic derivation?* The sample of 100 boys in the present study includes a greater proportion of cases of Portugese-Spanish extraction and a smaller proportion of Irish youngsters than were present in the Gluecks' group of 1,000 boys. Moreover, there were seven

Negro boys in the sample, while none were present in the Gluecks' group. Despite these differences, 31 out of 37 (83·8 per cent) boys of English and American background were correctly identified as pre-delinquents or non-delinquents. Of 5 Irish boys, four (80 per cent) were accurately designated. Of 24 youngsters who were of Italian extraction, all but one (95·8 per cent) were properly identified. Of fourteen boys of Portugese-Spanish extraction, all (100 per cent) were correctly specified. Six out of the seven Negro youngsters (85·7 per cent) were accurately designated. The remaining 13 boys (of French, Slavic and Near Eastern origin) were all correctly identified (100 per cent). It seems therefore that the Glueck table is applicable to cases of varying ethnic make-up. This is especially evident in the perfect identification of the Portugese-Spanish group.

3. *Will the Glueck table apply as well on an independent sample of cases of slightly higher intelligence than the group on which it was originally constructed?* Of the 12 boys who had an intelligence quotient of 110 or higher, and of the 20 boys who had an I.Q. between 100 and 109, all (100 per cent) were correctly identified by the Glueck table. Of the 45 boys with an I.Q. between 90 and 99, the Glueck prognostic instrument accurately identified 84·4 per cent as pre-delinquents or non-delinquents. Of the 23 boys whose I.Q. was between 70 and 89, 91·3 per cent were correctly designated.

4. *Will the Glueck table apply to a sample of boys from families of better economic status than those on whom it was originally based?* Of 25 boys who grew up in families whose economic condition was *comfortable*, the Glueck scale made entirely *perfect predictions* (100 per cent). (In the original series of cases on which the Gluecks had constructed their Social Prediction Scale only 8·5 per cent were living in comfortable circumstances as contrasted with 27·2 per cent of 92 CSYS cases. Of 43 boys from families of *marginal* economic status, 93 per cent were accurately identified. Among 24 boys from families who *depended upon relief*, 83·3 per cent were correctly designated.

5. *Will the Glueck table, based as it is largely on boys who lived in areas where the neighbourhood influences were poor, predict delinquency and non-delinquency of boys living in less unfavourable environment?* Of the 30 boys in this check-up study who lived in *good* neighbourhoods, 90 per cent were accurately identified by the Glueck table, while 90·6 per cent of the 64 boys who resided in *underprivileged* neighbourhoods (as did almost all in the original Glueck series) were correctly designated. This finding indicates that the Glueck scale has as high a reliability when applied to boys from less deteriorated as well as from more underprivileged neighbourhoods. It should be borne in mind also that the 100 boys were drawn from two cities neither of which is the one from which the boys in *Unraveling Juvenile Delinquency* were drawn.

In summary, it has been found that when the Glueck Social Prediction Table was tested against a sample of 100 boys of different age distribution, ethnic background, intelligence, economic status, neighbourhood, it was able to identify accurately 91 per cent of the boys who in the years that followed proved definitely to be either non-delinquents or delinquents. It maintained its high reliability when specifically applied to boys as young as six years; to boys of ethnic origin, different from that of the series on which it had originally been constructed; to a group whose intelligence quotients were slightly higher than those of the original group; to boys of somewhat better economic status than in the original

sample in *Unraveling Juvenile Delinquency*, and it was equally effective when checked on boys from more privileged city areas.

When compared with the prognoses made by the three members of the CSYS Selection Committee who relied largely on their clinical experience, devoted much more time to the task, and took into consideration a greater number of variables (ranging from 21 to 59), including behaviour up to time of selection, the five weighted factors of social background entering into the Glueck scale have proved to be of far greater predictive capacity.

The implications of the findings derived from the present study are that the Glueck Social Prediction Scale should be of value in avoiding the labelling of so many youngsters as 'pre-delinquents' when actually their annoying misbehaviour may be temporarily symptomatic of their striving toward adjustment through the difficult process of socialization. The differentiating of non-delinquents from potential offenders by means of the scale should also make it possible to devote more pointed effort to those boys who are actually in need of preventive treatment. The fact that when compared with the predictions made by such clinical experts as a psychiatrist and two experienced case workers who judged the proneness to delinquency of each boy in the CSYS project on the basis of comprehensive material gathered from a large number of sources, the prognoses established by the Glueck scale appear to be significantly more reliable, would strongly attest the predictive value of the five weighted variables operating in the table. The findings presented here, though hardly conclusive because of the smallness of the numbers under study, are, in their consistent trend, significant straws in the wind. Already, however, two other highly successful tests of the validity of the Glueck Social Prediction Scale have been completed by the Jewish Board of Guardians of New York City, each of them showing essentially the same predictive capacity as that revealed in this study—one on a group of Jewish boys⁴, and the other on a group of Jewish girls.

The Gluecks do not recommend that the Social Prediction Scale as well as the two other scales presented in *Unraveling Juvenile Delinquency* be used independently of all other essential data. They emphasize that 'these prediction tables should not be used mechanically and as a substitute for clinical judgment', but 'are designed to aid the clinician in the always difficult task of individualization'. They are also 'intended to help him see the individual in the perspective of organized experience with hundreds of other boys who in many crucial respects resemble the boy before him'.

RICHARD E. THOMPSON.

⁴ See note in this Journal, Vol. III, pp. 131.—Ed.

We hear from Harvard University that the Ford Foundation has made a grant of \$200,000 to the Harvard Law School in support of the researches into the causes and treatment of juvenile delinquency conducted under the direction of Professor and Mrs. Glueck. This grant, it is stated, 'will enable the Gluecks to accelerate the development and validation of their diagnostic tests designed to reveal early tendencies to delinquency in children'.

We offer our warmest congratulations to Professor and Mrs. Glueck and wish them further success in their joint researches.

H. M.

NOTES AND CRITICISMS

RELIGION AND DELINQUENCY

One is surprised to find these days an attitude which suggests that religion is a cure for the malady of delinquency, or that it can provide an answer to the problem that is perplexing human society in no small way. To prove statistically the influence of religion upon human lives is rather a difficult task, because one cannot assess correctly whether a person is nominally, or actively and genuinely religious. Supposing correct assessments could be made of the religious attachments, or non-attachments, among delinquents, we should then be confronted with the difficulty of securing a control group of non-delinquents whose lives are basically influenced by religion.

Some data, however, are available to examine, and to dispute, the statement that religiously instructed people are essentially good and worthy citizens. *E.g.*, in Edna Henshaw's report on Juvenile Delinquency to the Bradford Education Committee, September 1942, the rate of delinquency was 6.6 per 1,000 in non-denominational or State schools; 15.3 in Roman Catholic Schools, and 7.5 in Church of England Schools. From these figures, it is easy to see that in the non-denominational schools the incidence of delinquency is lowest, but that in the schools where religious instruction receives its maximum emphasis, there is a far higher percentage of delinquents. One observation on the report is that the reason for such a high figure in the Roman Catholic Schools was principally the incoming of emigrants, who settled in the poor districts which are catered for educationally by Church Schools. It can, however, be said that some children brought up in good economic circumstances, without receiving orthodox religious instructions, are good citizens—but neither the economic nor the religious solution to the delinquent problem is sufficient to eliminate it.

Since I am concerned with Religion and Delinquency, I must ask—what do we mean by religion?—Do we mean a Code of ethics which is peculiar to a certain form of religion? Or do we mean a personal relationship with a Supreme Being? If religious education means the imparting of Biblical knowledge which is partly historical and partly ethical, then you can find it in every school, and since schooling is compulsory it is right to conclude that all children are given a religious education. The kind of instruction will depend on whether the child attends a school of its own nationality, or some other. *E.g.*, a child in India may attend a Hindu school or a Christian school, in either of which religious ideas are taught in a particular historical and ethical setting. What I am contending is this—When people talk about the importance of religion for removing the scourge of delinquency, they are usually thinking in terms of ethical injunctions, and since these are to be found in every home, sometimes more and sometimes less, then every child is brought up in a religious environment.

To understand ideas is one thing, but to accept them is quite a different thing. Since we know of the failure among adults to realise and practise what they recognize as good, how can we expect children to do more? 'Little is known scientifically about the direct effect of religious teaching on a child's behaviour or on his character development. A point which needs investigation is the possible detrimental effect of giving children ideals too far beyond their

possibility of achievement, and completely beyond their power of emotional understanding. This may lead to the passive acceptance of a code superimposed from above rather than to a code developed by the individual child through his direct experience of the social group in which he is living. Nursery school life provides a good example of how morality can be learnt through experience'. (Report on Juvenile Delinquency—by Edna M. Henshaw).

Now, someone may say, religion is more than a system of ethical ideas, or a code of rules and regulations for human behaviour, it also means communion with a Supreme Being that provides the moral dynamic. Let us accept this definition, but here we must ask 'At what age is a child able to appreciate this religious concept'? He may understand its meaning at an early age, but his experience, even if truly valid, seldom comes before the end of his adolescence. We must be careful, here, to discriminate between what is a traditional and a personal experience. By the traditional experience I mean assimilating that which other people talk about, and by the personal experience I mean a direct relationship with the object itself. *E.g.*, a child can have an experience of the atmosphere produced by the different forms of worship—in a synagogue, a church, or a Hindu temple: but it is only the very mature mind that can have an experience of the object about which it has any knowledge. When the Writer of Psalm 42 wrote:—'When I remember these things, I pour out my soul in me: for I had gone with the multitude; I went with them to the house of God, with the voice of joy and praise, with a multitude that kept holy-day', he was speaking of his traditional experience, but when he wrote:—'Why art thou cast down, O my soul? and why art thou disquieted in me? hope thou in God; for I shall yet praise him for the help of His countenance', he was thinking in terms of a personal experience. If one can only speak of a personal religious experience as a valid experience, then it is hardly to be expected of children, or adolescents, to ascend to the orectic level where true affective confirmation is obtained for the traditional beliefs they hold. It is said that if the Church can have the child up to the age of seven, then she will have him all his life—but having him all his life is no guarantee that he may not turn out to be a delinquent. What it does mean is that he is likely to be loyal to his Church as an institution, to her ritual and her sacraments, but not necessarily to what she teaches. No Church can claim that by holding the child up to seven, or up to seventeen, he will automatically obtain a personal religious experience. This comes only through the steady pursuance of a high and mature mind, and it cannot be superimposed.

The purpose of religion in its contribution to the problem of delinquency is to help in creating a sense of true parenthood within human society. Religion venerates the soul of each individual, and this veneration begins at birth and not at seven, or fourteen, or twenty-one. The child is never to be regarded as the property of parents. Religion maintains that even a babe is a child of God; parents are its custodians, and are responsible to Him for the way they succour, rear, and educate those entrusted to their care. It may be that religious leaders cannot make people spiritually minded, but they can bring a healthy attitude to bear upon their conduct towards children. If religion is concerned with the child's privilege and right to develop, then its first task must be that of producing conditions in which it can develop freely both in mind and spirit. To

superimpose ideas which can neither be understood intelligently nor accepted by the child, is a travesty of freedom, and has a crippling effect upon the growth of his personality. Religious instruction should be comprehensive, always leaving the child free to choose for himself what course he wishes to adopt. Quite frequently pious precepts conflict with actual living in the parents, and others, and this is likely to set up an unconscious resistance to religion as a whole. There are many cases of rebellion against religion based on the rejection of parental authority. It may be a matter of throwing out the baby with the bath water, but the unconscious does not indulge in philosophical niceties. It must be stated that it is the attitude of the parents to the children that makes for good citizenship, and this religion can create, by its insistence on the value of every child without any rigid insistence on religious knowledge. Children brought up in a healthy emotional atmosphere stand a better chance of developing normally, than in an environment where precept takes precedence over example. It is my considered opinion that when children grow up in a good relationship with parents primarily, and secondarily with others, they will seek of their own accord some form of religion to satisfy their souls. Every kind of child instruction should be designed for the growth of the mind to pass naturally from one level of development to another, and this surely is of more importance than protecting society against delinquency and crime. It is the concern of every religion to instruct the young in a knowledge that will encourage each child to think freely and correctly.

'Always the quiet example will be much more effective than the eloquent sermon; and the indirect method will yield the richest fruit. In too earnest a religious zeal there are risks as well as benefits; and the majority of older delinquents are least likely to be antagonized when moral effort is placed before them, not as essentially a form of self-repression, or as a sign of saintly piety, but rather as the harmonious culture of all sides of human nature, each in just proportion to the rest '*.

W. E. SARGENT.

* Cyril Burt: 'The Young Delinquent'.

Association of Headmasters, Headmistresses and Matrons of Approved Schools, Technical Sub-Committee. Monograph No. 3: After-Care in Approved Schools. October, 1952. Issued as a supplement to the Approved Schools Gazette, Dec. 1952.

In this supplement to Monograph No. 2 on the same subject (B.J.D. Vol III, p. 130) the recommendations of the Harrogate Conference of the 29.5.52 are reproduced. They include the extension of the Welfare Officer scheme and its application to Girls Approved Schools, the preparation of a brochure on After-Care by the Home Office, and research into the causes of failure of Approved School children on licence.

H. M.

SCIENTIFIC GROUP FOR THE DISCUSSION OF DELINQUENCY PROBLEMS INAUGURAL MEETING

For some considerable time the Scientific Committee of the *Institute for the Study and Treatment of Delinquency* has been impressed with the necessity of forming a Scientific Group comprising representatives of the various disciplines

concerned with the study and treatment of delinquents. After careful consideration, a preliminary list was compiled of biologists, lawyers, organic physicians, penologists, psychiatrists, psychoanalysts, psychologists, social workers and sociologists, whose work or interest bring them into contact with criminological problems and who might be prepared to take part in a Discussion Group. In response to an invitation 232 workers indicated their willingness to co-operate.

The Inaugural Meeting was held at the Medical Society of London, 11, Chandos Street, Cavendish Square, W.1, on 15th January, 1953, at 7.30 p.m. One hundred and fifty members and guests were present. The Chair was taken by Dr. Edward Glover who briefly described the aims and objects of the Group and stressed the immediate necessity of establishing effective means of communication between the various branches of science concerned. The Inaugural Address was then given by Professor J. M. Van Bemmelen, Dr. Jur., Professor of Criminal Law, Criminal Procedure and Criminology and Director of the Criminological Institute, University of Leiden, Holland, on 'Criminal Typologies—A Comparative Survey'.

Professor Van Bemmelen said that it was now universally agreed that a criminal type, as such, did not exist and that Lombroso's theory of the born criminal (*delinquent nato*) was no longer accepted. When trying to correlate certain human types and certain forms of crime the parts played by chance and accident should not be overlooked. Indeed, von Hentig in his 'Crime, Causes and Conditions' had devoted a whole chapter to this factor.

Another important factor was the child's relations to its parents, it being stressed by the psycho-analysts that the formation of the personality rests on this factor, the influence of heredity being minimal. The speaker said he was unable to understand why the psyche should be less subject to heredity than the physical personality. In his view, certain hereditary mental factors predisposed towards crime, for example, the defective mind (*debilitas mentis*). This condition was to some extent inherited and it had been proved by the Hague Police that criminality among mentally defective children compared with normal children was in a ratio of 6 : 1. Psychologists had indicated certain personality-types which more than others were in danger of becoming criminal, and in whom certain attributes were found more often and to a greater degree than among other types. To determine which types would be likely to become criminal, an analysis of the personality was necessary and the speaker went on to describe the different typologies adopted by different writers, notably Heymans, Kretschmer and Sheldon, demonstrating a correlation between their systems and the theories not only of Freud and Jung but also those of Szondi, whose test he also discussed.

He concluded his address by a quotation from Hans Walder on the value of classification, which he says 'is an essential part of the diagnostic process.'

A discussion followed opened by the Chairman and continued by Dr. T. C. N. Gibbens, Dr. Denis Carroll, Dr. Hermann Mannheim, Dr. John Spencer, Mr. John Gittins, Dr. H. Edelston, Dr. A. Bonnard and Mr. A. G. Rose.

The Scientific Proceedings were followed by a short business meeting at which the procedure for forming an executive committee was determined.

The next meeting of the Group will be held on 12th March, 1953, at which Mrs. Barbara Wootton will give a paper on 'A Sociological Approach to the Study of Delinquency'.

CRITICAL NOTICE

THE YOUNG DELINQUENT IN HIS SOCIAL SETTING. By Thomas Ferguson.
(London: Oxford University Press. 1952. Pp. xii + 158. Price 10s. 6d.).

This is a statistical study of three groups of Glasgow boys born in 1931-33: the entire group of 1349 ordinary school-leavers at age 14 in January 1947 already studied in 'The Young Wage-Earner,' of whom 165 (12.2 per cent) were delinquent (*i.e.*, having at least one charge proved against them between their eighth and eighteenth birthdays): a group of 489 physically handicapped boys (10.7 per cent delinquent): and 301 mentally handicapped boys (23.9 per cent delinquent). The two missing components in this cross-section or cohort of boys are those who were in approved schools and those who were staying on in secondary schools. The method of the study is to break down each of the three groups into sub-groups in respect of one or more of a large number of numerable factors, and to express the proportion of delinquents as a percentage of the total 'at risk' in each sub-group for comparison with each other and with the main group percentage. The ninety-odd combinations tabulated are illustrated by twenty-one admirable black and white figures, a very present visual aid to the not too mathematical reader. These show that delinquency in Glasgow in the last ten years in the high but not highest incidence groups (the approved schools group rate being of course the highest at 80.90 per cent) is to be found most frequently associated with a low level of scholastic ability, with the presence in the immediate family of other criminals, with poor personality assessment, with very large and overcrowded families, with poor family background, with stunted physical growth, with bad types of housing district, and with unskilled and casual jobs, frequent changes of employer, and poor work performance in the post-school years. Less familiar findings are that the 'broken home,' strictly and calculably defined in terms of the removal of one parent, has little apparent connection with delinquency in the two larger groups: that the 230 ordinary school-leavers whose mothers were known to go out to work had a smaller proportion of delinquents than did the 1004 boys whose mothers were known not to go out to work (10.4 per cent and 12.4 per cent respectively as compared with the all-over percentage of 12.2 per cent): and that the percentage of repeaters (boys with more than one conviction) varies directly with amount of weekly wages, 2.2 per cent of the 134 boys earning under 31/- at the age of 17 rising to 9.4 per cent of the 85 boys earning 61/- and over. The incidence of delinquency among boys living in slum-clearance housing areas is practically as bad as that prevailing among those boys who still live in slums. (J. H. Bagot found in Liverpool that the rate became progressively lower among the younger members, the up-and-coming age-cohorts, of rehoused families.) One finding on cinema attendance is novel: the small high-conviction rate group acquired the habit of cinema-going only after the age of 14: which suggests that the final word on this perennial silly-season topic is that cinema-going is caused by delinquency.

These findings, old and new, are of general interest. The distinctive interest of the book for students of the subject lies in the field of methodology. The classical method is to take a group of delinquents and to select a numerically

equal control group by matching for certain factors. Professor Ferguson's method is to make the whole cross-section or cohort of boys the control for the delinquent sub-group. The latter method has great advantages over the former. It takes delinquency in the stride of a wider survey: it avoids the bias involved in the selection of matching or common factors (recent American criticisms of the Gluecks are relevant here): and it ensures that the control group is solidly representative of the general population, an assurance one cannot have in the case of the selected control group. But it has the disadvantage, in this case, that the delinquent sub-group which emerged from the wider survey of the ordinary school-leavers is too small to support the complex statistical structure built upon it. The one hundred and sixty-five delinquents include those who in the ten years were convicted only once: the repeaters numbered sixty-six, including forty-one who appeared on only two occasions: when these are subdivided under the forty or fifty combinations of factors tabulated the resultant percentages are percentages of very small totals. Yet to work on the scale required to yield a sizeable group of 'repeaters' would appear to be an unmanageably complex operation. As it is, the basic data used in the present study of the 1349 school-leavers (the group most thoroughly investigated of the three), are partly got from pre-existing records of varying consistency, as for example headmasters' reports. Delinquency itself is defined entirely in terms of court appearance. The volunteer case workers employed in the inquiry could not possibly have verified the non-delinquent majority in the thorough Glueck manner: but the child guidance records of the Glasgow Corporation centres and of Notre Dame might have been consulted. Low scholastic ability is the common component of the six highest-incidence sub-groups (p. 51): but this itself is probably judged by most of the headmasters responsible on poor scholastic performance: and this should for the sake of clarity be reduced to causal factors such as mental dullness (I.Q. are not given), character disorder, and less permanent emotional disturbance or instability.

These last points illustrate not so much a failure of analysis as the understandable unwillingness of the investigator to encumber his already elaborate system of findings with a further series of psychological complications. This is a pity, for he is of several minds on questions of motivation and temperament—compare pages 48 and 144. But these dicta fall outside the limits he has set himself, on the still widely accepted assumption that the 'psychological' and the 'social' are distinct fields of observation.

The main criticism to be made of this study is by now familiar: that the associations and correlations it reveals (like those established by 'control-group' studies) are no more than historical statements, limited to the groups observed and to the circumstances prevailing during the period of observation. It is a fact that the Glasgow delinquents here observed are by and large less physically and mentally strong than the non-delinquents. This was also true of the London children observed thirty years ago by Burt. But it is not true of the American youngsters examined in Chicago and elsewhere in the early 1940s by the Gluecks. The latter made general intelligence a matching factor common to delinquents and controls—a step accepted by reviewers generally, together with its implication that previous findings on the intelligence of delinquents are local and contingent. They went on to find that the delinquents had if anything a slight

superiority in physique over the non-delinquents. Since the customary British correlations with low intelligence and poor physique were (and are in Britain still) generally regarded as pointing to a causal connection, it is on the cards that other correlations regarded as implying causality may also turn out to be strictly contingent and historical. Correlations with physical environment are particularly misleading. Slum conditions are associated with a high incidence of delinquency but so is the physically better environment of the rehousing area.

This general scepticism about statistical correlations does not mean that there is not in fact in Britain today a high prevalence of delinquency associated with poor intelligence, physique, and housing conditions. It does imply that a marked improvement in physique and housing and in provision for the mentally dull will not necessarily reduce the incidence of delinquency—a conclusion which however unpalatable is supported by present developments. It is the case, as the author points out, that 'despite the growth of public services, the redistribution of purchasing power, the great reduction in poverty, and the great improvement that has undoubtedly taken place in the physical condition of young people, there has been during this century a substantial increase in juvenile delinquency . . . ' (pp. 13-14).

A second criticism is that although the study professes to concentrate on the social setting, it is so contrived as to miss the main social facts: types of group relationships, modes of group activity, social and moral climate of different neighbourhoods, and so on. It is not possible to get at these facts by totting up differences between series of individuals. To return to the comparison between slums and slum clearance areas in Glasgow, it looks as if both alike might be 'delinquent neighbourhoods', distinguished from other neighbourhoods by their non-acceptance of the moral standards of the greater part of the city. But to observe the special kinds of relationship and the standards of private and public behaviour prevailing in such neighbourhoods would involve a method of direct and participant group study quite different from the mixture of documentary and family case work here employed. The Gluecks faced the same issue explicitly (see 'Unravelling Juvenile Delinquency', p. 19) and firmly put it aside. If they had studied the neighbourhood as an entity they would have had to discard the highly developed techniques they had developed for the observation and assessment of series of individuals. But they preferred to shape their problem to the model required by their instruments—like the ear, nose, and throat surgeons of yesterday. The same kind of decision is implicit in this study. It is to be hoped that the endemic failure of the techniques of series comparison to yield anything but historical information may stimulate investigators to undertake the participant and even experimental study of social behaviour, normal and aberrant, in its natural setting, the living body of society.

JOHN A. MACK.

REVIEWS

THE EFFECTS OF WAR ON CRIMINALITY: SELECT PAPERS ON PENAL AND PENITENTIARY AFFAIRS. Bulletin of the International Penal and Penitentiary Commission, Vol. XV No. 4/11. (Berne: Staempfli & Cie. 1951. Pp. vii + 269. Price 10 Swiss Francs).

In this very important contribution the available statistics on crime, juvenile

delinquency, and related problems for several countries are presented and interpreted as follows, Austria (Kadecka), Belgium (Dupréel), Denmark (Christiansen), France (Brunschvicg), England (Advisory Council, Home Office), Norway (Aulie), Netherlands (Kempe), Sweden (Rengby), United States (Vold). As Mr. P. Cornil of Belgium suggests in his introduction, the impact of the war on crime varies from country to country and according to economic and social conditions.

The interesting thing is that we have in one volume the discernible effects of the war on criminality in several different countries which show different aspects of involvement in the war. England was in the war, bombed, but not invaded and occupied. France, Belgium, and Netherlands were war torn and occupied. Denmark was occupied. Sweden threatened but not war torn or occupied. Austria on war footing as an Axis country and later occupied. The U.S. completely mobilized but not war torn and furthest from the seat of war.

In Belgium, cases in the courts increased almost one hundred per cent in 1940 over 1939, reached their peak in 1942 and retreated slowly through 1949, at which time the number was still about 35 per cent higher than 1939. Prostitution went up during the war period. Crimes against the person declined but crimes against property soared. Persons, normally quite law abiding, namely married persons, heads of families, older persons, and females, showed greater involvement in crime during war years than expected. Children also showed marked increase in involvement. Group crime, akin to banditry, developed during the war period, much of which was an expression of resistance to the occupation. The dislocation was terrific in Belgium, after the military debacle.

The male prison population in Vienna and in lower Austria increased considerably during the first year of the war and continued upward until 1947, after which it declined to somewhere near the pre-war figure. The female prison population in the same jurisdictions rose sharply in 1942 and reached the peak in 1945. In 1946 the drop was very great and the decline from there until 1950 was gradual. Being out of the home in war work is said to explain the woman's increased involvement in crime. The influx of strangers is offered as one of the principal explanations for the increase in the male prison population. In addition, violations of special war-time regulations also account for augmentation of the prison population. There was a great increase in prisoner participation in war factories outside the prisons and due to stringencies of the war period, there was also an increase in administrative problems in operating the prisons.

In England and Wales, the indictable offences known to the police have proceeded upward in volume from 1937 through 1947. The offences against defence regulations dropped to insignificance after the peak of 1940. The prison population declined through 1940 and has risen since. The number of juvenile delinquents found guilty of indictable offences rose until 1941, retreated a bit and reached about the same peak again in 1945 and then declined for the subsequent years. In the field of prison administration, there was depletion of staff during war years, abandonment of educational classes, reduction in the operation of Borstals, the use of semi-secure facilities; prisoner production doubled but then fell off after the war; patriotism was quite manifest among prisoners; and there was a falling of disciplinary actions against prisoners during the war period.

In the United States, the country probably the furthest from the war theatres, no discernible trend in crime is manifest from a review of the available statistics.

There is no question but that measurement of the impact of war on social problems such as crime and delinquency is difficult. Some higher critics of criminal statistics would argue that reported statistics will measure fluctuations in the reporting procedures and administrative changes rather than impact of a war or a depression or any other catastrophe. Nevertheless, the discernible effects do seem to vary from country to country, which suggests that perhaps the disruption of life and people or the ability of the economic, social and political order to withstand terrific impact are in turn differential variables.

WALTER C. RECKLESS.

GEZINSVOOGDIJ EN LEVENSLLOOP. By B. L. F. Clemens Schröner. (Leiden: Instituut voor Praeventieve Geneeskunde. 1952. Pp. 542. No price stated).

In the Netherlands, probation for juvenile delinquents was introduced by law in 1922. Probation officers were mainly voluntary workers, and for many years probation was used in different ways in different districts and often too uncritically. As time went on, the supply of voluntary workers became insufficient, people began to ponder more deeply over the fundamental principles of the new technique, and when the twenty-fifth anniversary of the Act of 1922 was celebrated the Dutch Association of *Pro Juventute* initiated the follow-up study of probation cases which forms the subject of the present book. An English Summary, unfortunately all too brief, indicates the procedure and the main results of the investigation. From one urban area, Amsterdam, and one rural area, the one round Groningen, a sample was taken of 242 ex-probationers who had passed through the courts between 1930 and 1936. These ex-probationers, their parents and probation officers were interviewed. The social background not only of the former but also of the latter was studied, and the information obtained seems to provide an interesting picture of the psychology of the voluntary social worker and the differences between the urban and the rural representatives of this species. On the whole, the trained officers were found to be more efficient than the volunteers. An important result of the study was that, generally speaking, probation, while often successfully treating the symptoms of delinquent behaviour, had rarely produced a fundamental change in outlook. To classify the ex-probationers and their families into types proved to be too difficult, and attempts to work out a classification scheme according to susceptibility to treatment on probation failed altogether. In order to secure an objective assessment three referees were asked to study each case under fourteen aspects.

Although the Summary is much too short to give a full account of the methodology and of the results of this study, the book may well be important enough to justify the publication of an abbreviated English edition.

H.M.

APPROVED SCHOOL BOYS. By John Gittins. (London: Her Majesty's Stationery Office. 1952. Pp. v + 126. Price 4s.).

That boys committed to Approved Schools should be educated and trained in accordance with their individual problems and potentialities and that there should be schools with a considerable variety of facilities and techniques is

generally agreed. The difficulty is that no two boys are alike, there are a large number of schools of fixed size and varying quality and the whole scheme must inevitably be centrally administered. Whether a boy falls on his feet, so to speak, depends, apart from purely administrative pressures on the use made of the information available to the court, the results of enquiries made while he is on remand and in some cases the opinion of those who care for and examine him during his stay in a Remand Home. During the last 10 years this process has been supplemented by a gradually expanding experiment in the observation of boys at a classifying school, whence after a period of one to two months they are distributed to the schools which are regarded as meeting their needs. The importance of this book is that it is the first general report on this experiment backed by properly controlled data and it is the outcome of ten years work by an administrator with unique powers of observation and ability to profit from experience.

Since 1942, 5,000 boys have been admitted to Aycliffe School and its structure and approach have been considerably modified by experience and thus indirectly by the boys themselves. Their needs have been explored by a continuous process of minor experiment superimposed on the normal running of the school.

Mr. Gittins' answer to the question 'What are Approved Schoolboys really like?' is a highly readable account that represents years of experience and conveys the impression that although he already knows most of the answers which his charges can give him, he is still able to marvel at what he finds and to realise how difficult it is to provide for the inward needs of all. One is perhaps surprised to hear that the average entrant does not mind being told that he 'can't take it' or is 'yellow' but is upset if another boy calls him a bastard, but the way in which this conclusion has been reached, by daily contact with the minor events of the school, makes it difficult to doubt. The description of the way in which the muddled and unforeseeing mind of the backward boy reacts to misfortune, assuming from experience that he will be misunderstood and takes evasive action and neurotic escape into further antisocial behaviour, is a real contribution to psychodynamics.

The attitudes of the average delinquent boy to unfamiliar food, to punishment, to classical music and to the staff, his selective powers of observation, his preoccupation with short-term values, his lack of fine discrimination in movement and his avoidance of any form of abstract thought are well portrayed. The constitutional types and modes of reaction described are recognizable enough but the author has found their reduction to terms of measurement no easier than have others before him. He therefore presents his classification of 'response' into Positive, Confused, Apathetic and Psychopathic as largely of administrative value. It is to his credit that he resists the temptation to further statistical analysis of traits.

While the general section of the book is of the greatest interest to those who are concerned with the treatment of delinquency, the chapters on the application of psychometric testing in Approved Schools and the education of the dull normal and educationally subnormal groups have much for the expert. Here every statement is backed by tables or examples and clear picture is given of the educational needs, aptitudes and employment potentialities of these special

groups. A relatively small section is devoted to psychiatric examination. The impression is gained that the writer has carried his commonsense approach and dislike for excessive theorising to a point where he suspects that if psychiatric investigation and treatment were to play a large part in the classifying school, the tendency to accentuate the individuality of each boy might make him egocentric. It may have been feared that the examination might unnecessarily complicate the process of classification and only 7 per cent of boys were referred to the psychiatrist many of these being either mentally defective or seriously abnormal. The section giving the results of psychiatric investigation, based on the work of Dr. T. M. Cuthbert, is remarkably clear and free of psychopathological jargon, but one is curious to know what would have been found if every boy labelled 'response, confused' had been referred to him. No claim is however made to deal fully with the psychiatric aspects of classification and it is doubtful if the discussion on indications for psychotherapy can mean much until some means can be found of assessing the results of this kind of treatment.

As a former Inspector in the Home Office Children's Department, a psychologist, a teacher and above all, as the force behind the Aycliffe experiment which has given it its value, Mr. Gittins' views on the future evolution of Approved School training and after-care command attention. He gives a reasoned defence of classification and makes concrete suggestions for improvements in the present system. He realises that there could also be a place for the Remand Observation Centre, especially for early offenders, but that this too requires further experiment. A good case is put for the constellation of schools for different types of boy fed by a common classifying school. Greater support and supervision after leaving he regards as an essential feature. This book is a landmark in the development of the Approved School system in this country, and should be read by all concerned with the young delinquent.

ALEXANDER KENNEDY.

CONTRIBUTORS TO THIS NUMBER

WILFRID WARREN, M.A., M.D., D.P.M., is a Physician to the Bethlem Royal Hospital and the Maudsley Hospital. He shares joint responsibility for the adolescent unit opened at the Bethlem Royal Hospital in 1949, and is also Medical Director of Brixton Child Guidance Unit (L.C.C.).

MARGARET DUNCAN, L.R.C.P., M.R.C.S., Fellow in Child Psychiatry, N.A.M.H., 1946, is Psychiatrist in charge of the Chichester Child Guidance Clinic. She was Psychiatrist in charge of the West Sussex Hostel for Maladjusted Children (1949-1951) and in 1945 she worked for the Conference of Allied Ministers of Education, enquiring into 'Special Educational Problems in the Liberated Countries,' with special reference to homeless and delinquent children.

GORDON STEWART CLOUSTON, M.D., D.P.M., C.P.H., Consultant Psychiatrist, Child Guidance Clinic, Maidstone, Kent. Formerly Psychiatrist in charge of the Child Guidance Service, E. Suffolk, Ipswich, and W. Suffolk. Psychiatric Specialist R.A.M.C.

WILLIAM LIGHTFOOT, B.Sc., Educational Psychologist, Kent Education Committee, is also Senior Demonstrator in Psychology at Birkbeck College, University of London. Originally a teacher. Contributor to Educational and Research journals. Most recent works include 'The Partially-Sighted School' and the article on Vocational Guidance in 'Careers Encyclopedia.'

DENIS J. HODGES is Senior Probation Officer for the Edmonton Division of Middlesex. He holds the London University Diploma in Social Studies.